

**TEQIP-II: Proforma for Proposal for Conducting National/International
Conference/Seminar/Workshop/Symposium**

GOVERNMENT ENGINEERING COLLEGE JHALAWAR

Sub-Comp: 1.1

1	Title of the Training Programme	
2	Broad Area of Training	
3	State the Objectives of Training Programme	
4	State the Outcomes expected from the Programme	
5	Whether the objectives and the outcomes are justified, and beneficial to the students and the institution as per the Institutional Development Plan (IDP)	
6	Whether the proposed training programme supports the training requested by Faculty/ Staff based on Training Need Analysis (TNA)	
7	Name and address of the Training Associate, if any (specify Agency or Industry).	
8	Training Type (Tick any one)	(i) Seminar (ii) Conference (iii) Workshop (iv) Symposium
9	Nature of Training (Tick any one)	(i) Exposure or Interaction with Industry (ii) Teaching Competence (iii) Research Competence (iv) Management Skill
10	Training Category (Tick any one)	(i) Subject Domain (ii) Qualification Up-gradation (iii) Management Development (iv) Others (Please specify):
11	Venue and place of the Programme	
12	Scheduled dates (from and to)	
13	Duration of Training	

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14	Expected Total Number of Participants	a) TEQIP Institutions b) Non-TEQIP Institutions c) International Participants d) Research Scholars	
		Total	
15	Expected Total Cost of the Programme (as per Annexure-1)		
16	Whether the proposed Training is approved by Institutional BOG (Yes/No: If 'Yes', mention the BOG Approval No. with Date, and if 'No' please explain why it was not approved)		
17	Recommendations by Nodal Officer (Academic) (Signature with Seal & Date)		
18	Recommendations by Nodal Officer (Finance) (Signature with Seal & Date)		
19	Recommendations by TEQIP Coordinator (Signature with Seal & Date)		
20	Recommendations by the Principal (Signature with Seal & Date)		

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**TEQIP-II: Format for Sending Proposals to Conduct National/International
Conference/Seminar/Workshop/Symposium.**

(Please complete the checklist with 'YES or NO' wherever applicable and attach the relevant document/certificates/papers along with the proposal)

Sl. No	Documents/Certificates/Papers Attached	YES/NO
1.	Clear Objectives of the National/International Proposed Programme linked with the Project	
2.	Clear indication of the expected outcome of the Proposed Programme and value addition	
3.	Proceedings of BOG indicating its approval for conduct of programme	
4.	Details of the Previous National/International Training / Programmes Conducted by the Institution (since March-2010)	
5.	Programme Brochure	
6.	Daily schedule of activities to be covered in the Conference/Workshop/Seminar/Symposium	
7.	List Guest Faculty/Experts/Technical Speakers with Name, Designation, Organization and Contact details	
8.	Details about collaboration with Industry, Institute any other training provider/ agency involved in conducting the training programme	
9.	Certificate that the expenditure incurred for conducting training programme under TEQIP-II is not claimed elsewhere i.e. any other organization/department	
10.	Split up of expected expenditure with supporting Documents (as per Annexure-1)	
11.	'Political Clearance or No Objection Certificate' from the Ministry of External Affairs, the Ministry of Home Affairs and other competent authorities of Government of India and State Government in respect of conduct of International conference and list of Foreign Delegates/Participants	
12.	Any other	

Signature with Date

(Name of Faculty Member : _____)

Forwarded by Concerned HOD

Signature with Date

(Name of HOD : _____)

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Annexure-I

**Details of Split-up Expenditure to conduct National/International Conference/
Seminar/ Workshop/ Symposium (To be borne under Incremental Operating Cost).**

Sl. No.	Particulars	Unit	Quantity	Rate	Amount (in Rs.)
1	Venue and Logistic Arrangements				
2	Hospitality to Guests and Participants				
3	Guest Faculty/ Experts/ Technical Speakers	a) TA			
		b) DA			
		c) Lodging			
		d) Honorarium			
4	Replication of Printed Training Materials, Stationeries etc.				
5	Publication of Proceedings				
Total					

(Total in words.....)

Signature with Date

(Name of Faculty Member : _____)

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Signature with Date

(Name of HOD : _____)