



**Form 1**

**Application for organizing Short Term Course**

**SECTION: A**

1. Title of the Short Term Course (STC) : \_\_\_\_\_
2. Department proposing the Short Term Course : \_\_\_\_\_
3. Duration of Short Term Course (and the proposed dates) : \_\_\_\_\_
4. Name and address of the Principal Faculty (Maximum two only) : \_\_\_\_\_  
Name (Principal Faculty) : \_\_\_\_\_ Designation : \_\_\_\_\_  
E-mail \_\_\_\_\_ Contact No. \_\_\_\_\_  
Name (Co-Principal Faculty): \_\_\_\_\_ Designation: \_\_\_\_\_  
E-mail \_\_\_\_\_ Contact No. \_\_\_\_\_
5. Whether Principal Faculty has offered such STC previously? Or planning to apply elsewhere? If yes, please give details i.e. title, dates, funding agency, etc. : \_\_\_\_\_  
\_\_\_\_\_
6. Chronological list of previous applications made (if any) and were not allotted.  
(i) \_\_\_\_\_  
(ii) \_\_\_\_\_  
(iii) \_\_\_\_\_
7. Other Departments/agencies planned to be associated for conducting/supporting the Short Term Course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Proposed Faculty/Invited experts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION: B**

1. Overview of the proposed event (should not be less than 250 words): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Scope and objective of the proposal clearly bringing out the need to organize the Short Term Course and the topic to be covered (should not be less than 450 words): \_\_\_\_\_

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3. Importance of the proposal (should not be less than 250 words): \_\_\_\_\_

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4. Expected outcome (Preferably be in given in the bulleted form): \_\_\_\_\_

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5. How will this short term course going to benefit Teachers? (Not exceeding fifty words)

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6. Day wise lecture schedule:

(Must carry complete details, e.g., the title of lecture along with name, designation and affiliation of corresponding internal/external expert)

Day	9-10	10-11	11-12	12-01	02-03	03-04	04-05
1							
2							
3							
4							
5							

- a. Total no of lectures: \_\_\_\_\_

- b. Total no of hand on sessions (in hours): \_\_\_\_\_

- c. Total no of Lab sessions (in hours): \_\_\_\_\_

- d. Total no of lectures by external expert: \_\_\_\_\_



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e. Justification for the involvement of external expert (please attach a brief CV also):

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f. Justification of Field Trip if planned : \_\_\_\_\_

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7. Budget Guideline: (please refer to “Documents & Guidelines”)

Maximum Budget = 450000/- (Rs. 15000/- for initial 30 participants)

Recommended/Not recommended

Signature of Principal Faculty and Co Principal Faculty

Date: DD/MM/YYYY

Signature of HoD/HoC

Date: DD/MM/YYYY

**For use at QIP office**

S. No.	Description	Signature (QIP office)
1.	Received on ...../ ...../ .....at QIP office.	
2.	Put up to internal Review Committee on ...../ ...../ .....	
3.	If approved, copy of approval sent to Principal Faculty, and a consolidated list of Department/Centre to HOD/HOC on ...../ ...../ .....	

**Recommendation of Internal Review Committee**

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Approved

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Not approved

Signature of QIP Coordinator (Head CET)