



Form 1.1 Application for organizing STC/Workshop/Symposium under TEQIP-III

SECTION: A

1. Details of the Applicant(s):

Name: _____ Designation: _____

Department: _____ E-mail Id: _____

Phone No: _____ Mobile No: _____

2. Name /Title of Event: _____

3. Nature of Event: ☐ Short term Course/Workshop ☐ Symposium (1day)

4. Aimed for: ☐ Faculty Members ☐ PG/Research Students ☐ Both ☐ Staff

(Note: Participants can only be from TEQIP III mapped institutions)

5. Proposed Date(s): (Accommodation availability to be ascertained from HAB/ Estb. section before proposing the event) **From:** _____ **to** _____

SECTION: B

1. Overview of the proposed event (should not be less than 450 words): _____

2. Objective of the proposed event (should not be less than 250 words): _____

3. Importance of the proposed event (should not be less than 250 words): _____

4. Detailed description of Pedagogy Session(s) incorporated in the proposed event: (not required for the event organized for staff) _____

5. Expected outcome from the proposed event (Preferably be in given in the bulleted form): _____



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6. How the proposed event helps TEQIP III to achieve its objectives? _____

7. 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 external expert involved (maximum 1 expert for 2-3 days event and maximum 2 expert for 5 days event): _____
- e. Total no of lectures by external expert: _____
- f. Justification for the involvement of external expert (please attach a brief CV also): _____

8. Budget Guideline: (please refer to "Documents & Guidelines")

Maximum Budget for 1 week event = $N \times 5 \times ₹ 7500$

where N is the total number of participants from TEQIP III mapped institution/mentee institutions who attended all the technical sessions of the one-week event.

Forwarded:

(1)

(2)

Signature of Coordinator(s) of Event

Name (1): _____

Name (2): _____

Date: _____

Signature of Dept/Office coordinator

Name: _____

Date: _____

Signature of HOD/HOC/Registrar

Name: _____

Date: _____



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For use at KIT-TEQIP office and no discrepancy/anomaly observed

S. No.	Description	Signature (KIT-TEQIP office)
1.	a) <input type="checkbox"/> Checked and found to be in order. b) <input type="checkbox"/> Checked and found not to be in order hence send back to CC. c) Received on/...../.....at KIT-TEQIP office.	
2.	Put up to internal Review Committee on/...../.....	
3.	If approved, copy of approval sent to Coordinator(s), Departmental Coordinator (DC)/Office Coordinator (OC) and a consolidated list of Department/Centre to HOD/HOC/Registrar on/...../.....	

Recommendation of internal Review Committee

☐

Approved

☐

Not approved

Signature of TEQIP Coordinator (Head CET)