| Form 1.3 | Application for organizing International/National conference under TEQIP-III |

SECTION: A

1. **Title of conference:** _____

2. **International/National:** _____

3. **Date of the event:** _____

4. **Name of the organizer with complete mailing address:**

   a) From IITG: _____

   _____

   Phone No: _____ Mobile No: _____

   E-mail Id: _____ Pin Code: _____

   b) From TEQIP-III mapped institute: _____

   _____

   Phone No: _____ Mobile No: _____

   E-mail Id: _____ Pin Code: _____

5. **Organizing committee** (please give an attachment, if necessary)**:** _____

6. **Estimated number of Participants:** _____

7. **Source(s) of expected Funding apart from TEQIP-III** (enclose a list of potential sponsors)**:** _____

   _____

SECTION: B

(*This part may be jointly prepared by the faculty member from IITG and the participants from TEQIP III mapped institution.*)

1. **Topics to be covered in the event:** _____

   _____

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

   _____

   _____

   _____

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

   _____

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

_____

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

_____

_____

6. **How does the proposed event help TEQIP III to achieve its objectives?**

_____

_____

_____

7. **Date wise program schedule** (broad outline; please give an attachment, if necessary)**: _____

_____

Note:

1. **Relevant enclosures to be provided with this form.**
2. **This form must accompany "Form-22" (Format for submitting a request for organizing an event) of Administration Section.**
3. **Kindly attach consent letter of the joint organizer from the participating TEQIP III institute, dully forwarded by the TEQIP coordinator and Director of his/her institute.**

Forwarded:

Signature of the Organizer from IITG

_____	_____	_____
Signature	**Signature of Dept.-coordinator (DC)**	**Signature of HOD/HOC**
Name: _____	**Name:** _____	**Name:** _____
Date: _____	**Date:** _____	**Date:** _____

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For use at KIT-TEQIP office

S. No.	Description	Signature (KIT-TEQIP office)
1.	a) ☐ Checked and found to be in order. b) ☐ 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, put up to Establishment Section on …….…./….…..…/…….……....	
4.	If approved by institution, copy of approval sent to IITG Organizer, DC and HOD/HOC on ….……./….….…./…….……....	

Recommendation of internal Review Committee

☐ **Approved**   ☐ **Not approved**

_____

Signature of TEQIP Coordinator (Head CET)