

AR (Academics)

Maulana Azad National Institute of Technology Bhopal (M.P.) India

मौलाना आजाद राष्ट्रीय प्रोद्योगिकी संस्थान भोपाल मध्यप्रदेश भारत

Annexure- A

APPLICATION FORMAT FOR REGISTRATION FEE & TRAVELLING ALLOWANCE FOR ATTENDING THE CONFERENCE/WORKSHOP/SHORT TERM TRAINING/COURSE BY PG STUDENTS

	e undersigned wishes to Data Collection / attend the Cails are as follows:-	Conference/Wor	kshop/Sho	ort Term Training/C	course and the	
S. No.	Points			Remarks (Please tick/ comment)		
NO.	Application for (Places tiels) Conference/Workshop					
Application for (Please tick) Conference/Workshop/Short Term Training /Course/ Data Collection (Please tick)						
1	Name of Candidate					
3	Scholar No. & Branch Name					
4	Mobile Number Name of Conformed Workshop Short Torre Training of Course ditty for Data Collection					
5	Name of Conference/Workshop/Short Term Training/Course /city for Data Collection Date of Admission (Academic Year July to June)					
6	Conference/Workshop/Short Term Training/Course Organized by					
7	Conference/Workshop/Short Term Training/Course Conducted/Data Collection at (City)					
8					/ Offina	
9	Previously Total Granted Academic leave in PG Duration			Online/ Offline Total No. of Days		
10	Date of Data Collection Conference/Workshop/Short Term Training/Course			Total Days from to		
11	Total Period of Academic Leave (If Required) working days					
12	Permission for Headquarter Leave (If Required) Including Travel			Total Days from to Total Days from to		
13	Paper Title			Total Days If onl	10	
14	Registration Fee					
15	Conference/Workshop/Short Term Training/Course appro	oved by CPDA committee Yes/ No				
13	of the Institute			(If yes, please attached the marked list)		
16	Conference/Workshop conducted at IITs, IIMs, IISc & Conpublished in SCOPUS Journals/Web of Science/SCI/SCIE	nferences whose papers are Please Specify & enclose the relevant documents				
17	If the Students are availing financial support from Sponsored research/ Consultancy projects of his /her supervisor (s). The Recommendation of supervisor shall include the Information about his research and consultancy project and clearly mention the type of funding.			Yes/ No (If yes please specify the project and attach the recommendation of the supervisor)		
18	If the Students is availing Institute funding, it would be Student / per Academic year. (Academic Year July to Registration Fee, Travelling Allowance (TA) travel by train India & DA (As per Institute Norms).	June). Students	will get	Ye	Yes/ No	
19	If the Students has availed Institute funding earlier in this	Previous Reimbursed Amount in Rs. & Date		Balance	Proposed	
	Academic Year July to June / January to December (If			Amount	Amount in Rs.	
	yes, Please specify)	Amount	Date			
	Yes/No					
20	Attach the copy of Conference/Workshop/Short Term Training/Course Brochure	Numbers of Pages				
TT.						
Undertaking :- I Declare that the above information is given by me is true.						
Name & Signature of the student						
Name & Signature of the student Recommendation: Recommended/ Not Recommended						
	Name & Signature of Supervisor Sign	Signature & Se	al of HoD			
To.						