



Maulana Azad National Institute of Technology, Bhopal, (M.P.) India
मौलाना आज़ाद राष्ट्रीय प्रौद्योगिकी संस्थान भोपाल मध्यप्रदेश भारत

Annexure- A

**APPLICATION FORMAT FOR REGISTRATION FEE & TRAVELLING ALLOWANCE FOR ATTENDING THE
CONFERENCE/WORKSHOP/SHORT TERM TRAINING/COURSE ETC. BY Ph.D. SCHOLARS**

Department:

The undersigned wishes to Data Collection / attend the Conference/Workshop/Short Term Training/Course etc. and the details are as follows:-

S. No.	Points	Remarks (Please tick/ comment)																											
	Application For (Please tick <input checked="" type="checkbox"/>) Conference/Workshop/Short Term Training /Course/Data Collection etc. (Please tick <input checked="" type="checkbox"/>)																												
1	Name of Candidate																												
2	Scholar No.																												
3	Mobile Number																												
4	Name of Conference/Workshop/Short Term Training/Course /city for Data Collection																												
5	Conference/Workshop/Short Term Training/Course Organized by																												
6	Conference/Workshop/Short Term Training/Course Conducted/Data Collection at (City State)																												
7	Mode of Conference/Workshop/Short Term Training/Course	Online/ Offline																											
8	Previously Total Granted Academic leave in Ph.D Duration	Total No. of Days																											
9	Date of Data Collection Conference/Workshop/Short Term Training/Course etc.	Total Days from to																											
10	Total Period of Academic Leave (If Required) working days	Total Days from to																											
11	Permission for Headquarter Leave (If Required) Including Travel	Total Days from to																											
12	Paper Title																												
13	Registration Fee																												
14	Conference/Workshop/Short Term Training/Course approved by CPDA committee of the Institute	Yes/ No (If yes, please attached the marked list)																											
15	Conference/Workshop conducted at IITs, IIMs, IISc & Conferences whose papers are published in SCOPUS Journals/Web of Science/SCI/SCIE	Please Specify & enclose the relevant documents																											
16	If the Scholars 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)																											
17	If the Scholar is availing Institute funding, it would be maximum of 15,000/- per Scholar / per Academic year. (Academic Year July to June / January to December). Scholars will get Conference Registration Fee, Travelling Allowance (TA) travel by train up to third AC to travel in India & DA (As per Institute Norms).	Yes/ No																											
18	Date of Admission																												
19	This Claim for the Academic Year (Please Tick <input checked="" type="checkbox"/>)	(Admitted in July to June / January to December)																											
20	If the Scholar has availed Institute funding earlier in this Academic Year July to June / January to December (If yes, Please specify) <div style="text-align: center;">Yes/No</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Previous Reimbursed Amount in Rs. & Date</th> <th style="width: 20%;">Balance Amount</th> <th style="width: 50%;">Proposed Amount in Rs.</th> </tr> <tr> <th style="text-align: center;">Amount</th> <th style="text-align: center;">Date</th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Previous Reimbursed Amount in Rs. & Date	Balance Amount	Proposed Amount in Rs.	Amount	Date																						
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Amount	Date																												
21	Total Reimbursed Amount in Current Academic Year July to June / January to December (As per Point No. 20)	Total Amount Rs. (Current Academic Year July to June / January to December)																											
22	Attach the copy of Conference/Workshop/Short Term Training/Course Brochure	Numbers of Pages																											

Undertaking :-
I Declare that the above information is given by me is true.

Name & Signature of the student

Recommendation: Recommended / Not Recommended

.....

Name & Signature of Supervisor

**Signature of
DRPC Coordinator**

Signature & Seal of HoD

To,
AR (Academics)