Incentive form for Attending Conferences /STTP/FDP [6]

Instructions: 1) All entries should be computerized 2) Strikeout which is not applicable 3) Follow guidelines

**Academic Year**

1. Applicant’s Details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department:** | **ME** | **EE** | | **ET** | **CS** | **EMT** | | **FY** | | | **MBA** | |
| **Applicant's Name Bold (Surname First):** | | | | | | | **Mobile No:** | | | | | |
| **Designation:** | | | **Student- Semester:** | | | | | **Email ID:** | | | | |
| **No. of times Incentive is claimed under this category during current academic year?** | | | | | | | | | **00** | **01** | | **02** |

2. Event particulars:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Theme of Event** | |  | | | | | | | | |
| **Level of Event** | | **International Conference in India** | | | **STTP** | **FDP** | | **Seminar** |  | **Place of Event:** |
| **6.1** | **6.2** | | **6.3** | **No of Days:** | | | **From-To:** | | | |

3. Registration and Expenses:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mode:** | **HQ to Event place: Rs.** | | | | **Back to HQ: Rs.** | | | **Total Expenses: Rs** | |
| **Registration Fee Rs.** | | | **Permissible Rs.** | | | **Total (Travel+ Fee) amount Claimed Rs.** | | | |
| **Documents Attached** | | **1. Fee payment receipt** | | **2.Atendance Certificate** | | | **3.Prior Approval** | | **Fare Tickets** |

4. Declaration:

**1. Credits earned by me shall be assigned to the Institute.**

**2. If excess payment made to me is noticed, I will pay back.**

**3. The information furnished by me is correct.**

**Signature of Applicant:**

5. For office use:

|  |  |  |
| --- | --- | --- |
| **Authority** | **Comment** | **Dated Signature** |
| **Departmental Activity In-charge** | **All details are filled in. Documents attached.** |  |
| **Head of the Department** | **Claim may be please be approved** |  |
| **Institute Level Activity In-charge** | **Verified details. Amount may be sanctioned.** |  |
| **Principal** | **Approved** |  |
| **CED** | **Recommended for payment of Rs** |  |

**6. For Accountant:**

**Bank: Cheque No: Date: Amount:**

**Seal**

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