



GOVERNMENT ENGINEERING COLLEGE KOZHIKODE

**APPLICATION BY FACULTY
FOR PROFESSIONAL-BODY MEMBERSHIP (FINANCIAL
ASSISTANCE FROM TEQIP)**

Date:.....

ACADEMIC YEAR

(All Data presented here is limited to only the above academic year)

Please fill in both sides of this form.

| Sl. No. | DETAILS | DATA |
|----------------|--|-------------|
| 1. | Name of the Faculty member | |
| 2. | Designation | |
| 3. | Department..... | |
| 4. | Name of the Professional Body | |
| 5. | Type of membership (Annual or Life) | |
| 6. | Membership start date | |
| 7. | Membership fee (Eligible for 50% of membership fee from TEQIP) | |
| 8. | Specify details of remittance (receipt no. etc, attach copy) | |
| 9. | Any specific request?..... | |

ALL the Benefits expected to be derived from membership to this professional body:
(To be specified by the applicant)

| | |
|--|----------------|
| Benefits to be transferred to Students | 1. 2. 3. |
| Benefits expected for Research | 1. 2. 3. |
| Benefits expected for Laboratory Development | 1. 2. 3. |
| Benefits expected for Collaboration | 1. 2. 3. |
| Other Benefits (please specify) | 1. 2. 3. |

Date:

Signature of the Faculty, applicant

HOD's decision: RECOMMENDED / NOT RECOMMENDED

Date:

Approved by HoD

TEQIP II Academic Committee's decision: RECOMMENDED / NOT RECOMMENDED (specify eligible amount)

Signature of Competent Authority

Specific conditions to be complied with are:
ATTACHED / NOT ATTACHED

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