GOVERNMENT ENGINEERING COLLEGE KOZHIKODE

APPLICATION BY STUDENTS FOR
ATTENDING TRAINING/WORKSHOP

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 student....................... Roll No.	
2.	KTU Reg. No.	
3.	Degree Programme.................. Discipline.............................. Semester No.	
4.	Training/Workshop Name	
5.	Training/Workshop Organizer Location...................................	
6.	Start and End dates .... No. of days leave required.......	
7.	Training Registration fee.........	
8.	Total TA + per diem estimate (Per diem = Rs.200/- per day)	
9.	Any specific request?	

Date: ……………………   Signature of the Student-Applicant

Faculty Advisor's / Guide's Academic decision: RECOMMENDED / NOT RECOMMENDED

Date: ……………………   Signature of the Faculty Advisor / Guide

HoD's Departmental decision: RECOMMENDED / NOT RECOMMENDED

Date:…………………   Signature of the HoD

TEQIP II Academic Committee's Systemic decision: RECOMMENDED / NOT RECOMMENDED

Date:…………………   Signature of Competent Authority

Conditions, if any, to be complied with by the Student-Applicant (please specify below here):
(to be stated by the competent authority using inputs, if any, from the Faculty Advisor/Guide and the
HoD; scan e-copy to be given to the Student-Applicant, Faculty Advisor/Guide, and HoD)

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