



GOVERNMENT ENGINEERING COLLEGE KOZHIKODE

**APPLICATION BY FACULTY / STAFF
FOR ATTENDING SHORT-TERM TRAINING PROGRAMME**

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/ Staff member	
2.	Designation	
3.	Department.....	
4.	Name of the STTP	
5.	STTP organizer	
	Location	
6.	Dates of the STTP	
	No. of days leave required	
7.	STTP Registration fee.....	
8.	TA/DA estimate (as per Rules)	
9.	Specify arrangements for classes or Examination duty (if affected)	
10.	Number of STTPs in the current academic year	
	Cumulative training days	
11.	Proposed date of feedback programme	
12.	Any specific request?.....	

ALL the Benefits expected to be derived from participation:
(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/ Staff Applicant

HOD's decision: RECOMMENDED / NOT RECOMMENDED

Date:

Approved by HoD

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

Signature of Competent Authority

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

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