



राष्ट्रीय प्रौद्योगिकी संस्थान हमीरपुर
हमीरपुर (हि.प्र.) – 177 005 (भारत)
NATIONAL INSTITUTE OF TECHNOLOGY HAMIRPUR
HAMIRPUR (H.P.) - 177 005 (INDIA)
(An Institute of National Importance under Ministry of HRD)

**Format for submitting proposals for organizing
Workshop/Faculty Development Programme/Short Term Course (Min 5 days)**

Type of Proposed Programme:

1. Name of the organizing Department:
2. Name of Coordinator(s)/Convener:
3. Name of the Treasurer:
4. Title of the proposed programme:
5. Duration & dates of the programme:
6. Nature of the Programme (Theoretical / Practical):
 - Details of available Infrastructure/Laboratory facilities related to the programme with the Department /Institute:

 - Expertise of the organizer(s):
7. Objectives of the Programme:
8. Brief justification of proposal i.e. need for conducting the programme and benefits thereof:
9. Course content (please specify date-wise tentative schedule of lectures and practicals):
10. Number of participants expected to attend:
 - Details of lodging facilities available to accommodate the participants:

11. Whether any such programme has been conducted by the Department in last three years? If yes give details including Title, Name of Coordinator (s), Activity dates etc.
12. Financial assistance required for conducting the Programme:
(Estimates to be given on a realistic basis along with justification, and details - use separate sheet as per the guidelines)
13. Agencies Expected to Sponsor/Finance the Event and the extent of finance:
14. **Details of Probable Experts:**

S. No.	Name of Expert	Affiliation	Field of Interest/ Specialization	Proposed Topic to be delivered
1.				
2.				
3.				
4.				
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16.				
17.				
18.				

15. **Budget Estimates:**

Sr. No.	Item Description	Amount in Rs.	Remarks (if any)
1.	Honorarium to the Experts/Speakers		

2.	TA/DA & stay arrangements of the Experts/Speakers		
3.	Boarding and Lodging/Hospitality to participants (Breakfast, Lunch, Dinner, Tea etc.)		
4.	Contingency, Stationery etc. (Printing of Certificates/Banner, Registration Kit, etc.)		
5.	Miscellaneous Expenses (Give Details)		
6.	TOTAL		

Payment to be made in digital form wherever possible.

16. Other information, if any:

Date

Signature of the Coordinator (s)

Recommendation of Department Committee:

(Member)

(Member)

**Head of Department
(Chairperson)**

Comments of Institute Committee:

(Member)

(Member)

**AR (E&S)
Convener**

**Associate Dean (FDP & CPDA)
Member**

**Dean (FW)
Chairperson**

Submitted for approval of the Director