

Directorate of Technical Education (M.P.)

PROFORMA FOR SENDING PROPOSALS FOR SHORT TERM TRAINING/ WORKSHOP/CONFERENCE/SEMINAR etc.

(Year 2010 - 11)

A. General Details

| | | | |
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| 1. | Name and Address of Host Institution with Pin code | Address: | |
| | | Pin Code : | Phone: |
| | | Fax : | Email: |
| 2. | Type of programme | Short term Training/International Conference/National Conference/ Workshop/ Seminar/ Other | |
| 3. | Title of the Programme | | |
| 4. | The Programme is intended for | <input type="checkbox"/> Faculty of Degree level institutions <input type="checkbox"/> Faculty of Diploma level institutions <input type="checkbox"/> Supporting Staff - Technical <input type="checkbox"/> Supporting Staff - Administrative | |
| 5 | Details of Coordinator(s) | | |
| (a) | Name, Designation and Address of the Course Coordinator(s) (One Coordinator preferred. More than two not permissible) | 1. | 2. |
| (b) | Telephone, Mobile & Email of the Coordinator(s) | | |
| (c) | Highest Qualification of Coordinator(s) | | |
| (d) | Area of Specialization | | |
| (e) | Teaching Experience (years) | | |
| (f) | Industry Experience (years) | | |
| (g) | Number of papers published | | |
| (h) | Subject taught in the past 3 years (<i>Specify not more than 3</i>) | 1. 2. 3. | 1. 2. 3. |
| (i) | Number of Short-Term Courses/Seminar/Workshop/Conferences etc. attended. | | |
| (j) | Number of Short-Term Courses / Workshop/Conference/Seminar etc. organized earlier. | | |
| 6. | Specialization area for which the proposal is made (tick one only) | <input type="checkbox"/> Civil <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Electronics <input type="checkbox"/> Computer Science <input type="checkbox"/> Pharmacy <input type="checkbox"/> Architecture <input type="checkbox"/> Management <input type="checkbox"/> IT Related | <input type="checkbox"/> Basic Sciences (Specify subject) <input type="checkbox"/> Interdisciplinary (Specify areas covered) <input type="checkbox"/> Others (specify) |

| | | |
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| 7. | The course is basically (Tick one only) Note : For STP only | <input type="checkbox"/> A Pre-induction Programme for New Teachers <input type="checkbox"/> A Subject updating course <input type="checkbox"/> A Specialized Programme on Emerging and New Areas of Technology <input type="checkbox"/> A Special Programme on Institutional Management Development/Administration <input type="checkbox"/> Other (Specify) |
| 8. | Whether the proposal covers any of the categories indicated (Tick one, if applicable only) | <input type="checkbox"/> Industry-based programmes with substantial involvement of Industry and its experts <input type="checkbox"/> Education Technology/Methodology of teaching <input type="checkbox"/> Training for technical supporting staff <input type="checkbox"/> Library Management/Services/Automation <input type="checkbox"/> Others (specify) |
| 9. | Duration of the programme (Tick one only) | STP : <input type="checkbox"/> One week (minimum 5 working days) <input type="checkbox"/> Two weeks (minimum 10 working days) <input type="checkbox"/> Three weeks (minimum 15 working days) <input type="checkbox"/> Four weeks (minimum 20 working days) Workshop/Conference/Seminar etc.: <input type="checkbox"/> One Day <input type="checkbox"/> Two Days <input type="checkbox"/> Three Days <input type="checkbox"/> Four Days |
| 10 | Proposed dates for the Programme | From.....To..... |
| 11 | Do you expect participants from Industry/other organization? If YES, how many? | <input type="checkbox"/> YES <input type="checkbox"/> NO Number = |
| 12 | Do you have enough expertise within your institution and neighbouring places to offer the course satisfactorily? If NO, list the names and addresses of outside faculty needed. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | No. of STTP Workshop/Seminar/Conference conducted in the past by the Institutions | <u>Department</u> <u>Year</u> |

B. Financial Details

| | | |
|---|---|--|
| 1 | Total financial support needed (Give for different items indicated) | 1. Boarding & Lodging : Rs. 2. TA/DA : Rs. 3. Books & Consumables : Rs. 4. Honorarium to Coordinator, Faculty and Supporting staff : Rs. 5. Honorarium for External Experts : Rs. 6. Printing, Stationery, etc. : Rs. 7. Lunch/Dinner/Tea/Snacks etc. : Rs. 8. Miscellanies : Rs. Total : Rs. ----- : Rs. ----- |
| 2 | Do you plan/expect to raise some funds from industry/other organizations as cosponsor If YES, specify amount. | <input type="checkbox"/> YES <input type="checkbox"/> NO Rs. |

| | | | |
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| 3 | Expected income if any from the activity (registration /Course Fee ect.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | Rs. | |

C. Course Details

| | | | |
|--------|--|---|----------------------------------|
| 1 | Significance & Objectives of the programme (<i>list 3 to 5 major objectives in space opposite</i>) | 1. 2. 3. 4. 5. | |
| 2 | Course Content/Coverage (<i>List 5 to 8 major topics with proposed duration of coverage in hours for each topic</i>) | 1. 2. 3. 4. 5. | |
| 3 | Tentative Programme Schedule | Total working days = Lecture : Local faculty = hrs. Guest faculty = hrs. Laboratory/Practical = hrs. Industrial/Field Visits = hrs. Group/Panel discussions = hrs. Others (specify) = hrs. ----- Total hours engaged = hrs. ----- | |
| 4 | Collaboration with industry/ other institutions/ departments (indicate name of organization, nature of collaboration and experts involved) | 1. 2. | |
| 5 | Details of Course Faculty/Resource Persons (<i>List only 5 to 8 important faculty</i>) | | |
| S. No. | Name & Designation (Give address also in case of external faculty) | Highest Qualification | Field of Interest/specialization |
| 6 | Audio visual facilities available (Tick relevant ones) | <input type="checkbox"/> Multimedia Projector <input type="checkbox"/> Video Conferencing Equipment <input type="checkbox"/> Video System <input type="checkbox"/> P.A. Systems <input type="checkbox"/> OHP <input type="checkbox"/> Others (Specify) | |
| 7 | Details of Boarding & lodging arrangement (<i>Tick appropriate ones</i>) | ROOMS (a) <ul style="list-style-type: none"> <input type="checkbox"/> Single Seated <input type="checkbox"/> Double Seated <input type="checkbox"/> Three Seated (b) <ul style="list-style-type: none"> <input type="checkbox"/> Bath attached <input type="checkbox"/> Common bath (c) <ul style="list-style-type: none"> <input type="checkbox"/> With bedding, sheets, etc. <input type="checkbox"/> Without bedding, sheets. etc. (d) <ul style="list-style-type: none"> <input type="checkbox"/> Free of rent. <input type="checkbox"/> Rs. Charged as rent per day (e) | |

| | | |
|--|--|---|
| | | <input type="checkbox"/> Within the institute campus <input type="checkbox"/> Outside the campus BOARDING (a) <input type="checkbox"/> In students hostel mess <input type="checkbox"/> In institute canteen <input type="checkbox"/> Special mess arranged <input type="checkbox"/> Other (specify) |
|--|--|---|

I certify that the details given above are correct to the best of my knowledge and belief and I will organize the programme satisfactorily if approved. I also promise that I will close and submit the Audited Statement of the accounts of the course within 30 days of completion of the STTP.

Place:

Signature
Coordinator
with name

Date:

I agree to provide all necessary assistance and facilities of the institute for the conduct of the above programme. I will submit the following documents within 15 days after completion of the programme to Deputy Director & Head, SPFU, T-2, Tagore Hostel, Shyamla Hills, Bhopal:-

1. Actual Schedule of the Programme.
2. List of Participants.
3. Copy of Proceeding/Learning Resources/Registration Material given to the participants.
4. Details of actual expenditure with copy of vouchers etc.

Place:

Signature

Date:

Name & Address of
Head of Institution