## NATIONAL INSTITUTE OF TECHNOLOGY, MANIPUR LANGOL, IMPHAL- 795004

No./	DDM A	Duter
		Date:

## FORM - A

Application for National/International Academic/Research Activities under CPDA
Block YearFinancial Year for which the CPDA is required
1. Name of the Faculty:
2. Designation/Department:
3. Nature of appointment: Permanent Contract :
4. (a) Nature of Event: National International India Abroad (b) Name of event (As per Section A-(1) and A- (2) of CPDA rules. Attach brochure of the event)
(c) Theme:
(d) Venue:
(e) City, State, Country:
(f) Dates : FromTo
(g) Registration fee details (Attach document):
(h) Details of organizer: Contact address
(11) D S
Phone: E-mails:
5. Presentation/Event Type (Activity as per Section A):
6. Title of presentation/Event (Attach copy of invitation and accepted paper/abstract):
7. List of National/ International Conference/
event/ attended (CPDA/TEQIP) in the
current block of 3 years:

Number of	days required/a	applied: F	rom	. 10		
(Vac	cation /Semeste	r break/ Holiday	/S)			
				e conference	and back)	
9. Tentativ	e Travel Plan:	(from the place	OIWOIKTOTA			Mo
Date	Time	From	То	Date &	Time	1410
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organizer	financial assist		will be acquire	d from other a	igencies and	I/or eve
10/	the state of the s	Amount (in Rs)				
Sr. No.	Head					
1.	Air India Airfare (economy class only)/Train Fare/Taxi Fare/Bus Fare (Booking will be allowed through Air India/					
	- 0 1	GOI approved agent)  Registration Fees (including transaction charges)  Mode of payment:				
2.	Registration I					
	Mode of pays					
3	Per diem Allo	owances (as per a	C(uais)	davie		
3.	I datinity day	owances (as per a s + Travel tion Charges (as p	days	days)		

Total Expected Expenditure Note: Approval/permission for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per GOI/Institute rules/norms.

Visa Fees and related charges(as per actuals)

Any other expenses, if any, please specify

Travel and medical Insurance Charges as per the requirement

5.

6.

7.

(as per actuals)



Date: .....

## **CERTIFICATE**

I certify that:-(a) The details given above are correct. (b) If the information supplied is found to be incorrect; I will refund the entire money to NIT, Manipur. (c) The money received will be used for the purpose for which it is sanctioned. (d) The period of absence falls in the vacation/semester break/holidays. Signature of Applicant Date: ..... Yes / No. 1. The event falls during teaching period: (in case of 'yes', permission will not be granted.) 2. It is his/her first / second activity Abroad Or first/second/third activity in India Signature of HOD Date: ..... Funds are Available / Not available under "CPDA" for the event covered under Section A-(1) and A-(2). Remarks, if any: DDO/Accountant/Account Officer For event in India / Abroad Not Recommended Recommended the application Remarks, if any, from CPDA committee: Committee member's name and signature with date; Date: ..... Account Officer HOD (Concerned) Dean (RC) Dean (FW) Not approved Approved Remarks, if any:

Director