

**Dr. SSB UICET PANJAB UNIVERSITY, CHANDIGARH**  
**TEQIP-III**

**Form No. 2**

**Proposal to organize subject area training programmes/pedagogical trainings/ workshops/ seminars/Conferences/ Continuing Education Programme (CEP)/ Curriculum Reforms Workshop:**

| S. No. | Particulars  | Details   |
|--------|--|---|
| 1.     | Name of Host Branch/ Department  |   |
| 2.     | Title of the Event:  |   |
| 3.     | Date (s) of Event:   | From..... To.....   |
| 4.     | Event Coordinator<br>Name:<br>Designation<br>E-mail ID &<br>Mobile No. :   | Co-cordinator(if any):<br>Name:<br>Designation:<br>E-mail ID & Mobile No. : |
| 5.     | Collaborator from UIET, Dibrugarh (Assam):<br>Name and Designation:<br>E-mail ID:<br>Mobile No. :  |   |
| 6.     | Significance & Objectives of the program<br><i>(Attach Detailed Proposal Separately as Annexure.)</i>  | 1.<br>2.<br>3.<br>4.  |
| 7.     | Details of Experts (Attach Resumes with Designation)   |   |
| 8.     | Number of participants<br>(Students/Faculty/Others)  |   |
| 9.     | Please specify the suggested activity under which the said proposal is covered <b>as per permissible expenditure guidelines of NPIU for TEQIP-III.</b> | Budget Head: _____  |

|     |   |                                     |                     |  |
|-----|---|-------------------------------------|---------------------|--|
| 10. | <b><u>Budget details as per permissible expenditure guidelines of NPIU for TEQIP-III:</u></b> |                                     |                     |  |
|     | <b>S. No.</b>   | <b>Particulars<br/>Name of Item</b> | <b>Quantity</b>     | <b>Unit Price</b>                                    |
|     |   |                                     |                     | <b>Details<br/>Total Estimated Expenditure (Rs.)</b> |
|     |   |                                     |                     |  |
|     |   |                                     |                     |  |
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|     |   |                                     |                     |  |
|     |   |                                     |                     |  |
|     |   |                                     | <b>Grand Total:</b> |  |

|     |  |  |  |  |
|-----|--|--|--|--|
| 11. | <b>Certified by the Event Coordinator and Co-Cordinator that the following will be complied with:</b> <ul style="list-style-type: none"> <li>• I have read the <i>permissible and Non-permissible expenditure guidelines of NPIU for TEQIP-III</i>.</li> <li>• I will settle the complete bills within 10 working days after the conclusion of event.</li> <li>• I will ensure that the visiting experts for the event undertake the national travel with the Competent Authority's approval and would be as per TA/DA norms of TEQIP-III.</li> <li>• Internal/Post audit objections and shortcomings or recovery, if any will be settled by me.</li> <li>• I will submit a <i>detailed event report</i>, clearly specifying the outcomes and an action plan for implementing the deliberations along with the necessary approvals for the event and all event bills within 10 working days to the TEQIP-III Cell.</li> <li>• I will duly acknowledge TEQIP-III during holding of the event.</li> <li>• I will take all necessary approvals in advance to hold the event and ensure that a wide coverage of the event take place in print and electronic media with the due prior permission of competent authority in every case.</li> <li>• I will try to collaborate with the twinning institute if possible and will inform them about the activity well in time so as to get their participation in the event.</li> </ul> |  |  |  |
|-----|--|--|--|--|

**Signature of Event Coordinator**

**Signature of Event Co-Coordinator**

**Recommended by FSD/Twinning Incharge  
TEQIP-III**

**Academics Nodal Officer  
TEQIP-III**

**Coordinator, TEQIP-III**

**Project Head, TEQIP-III**