Dr. SSB UICET PANJAB UNIVERSITY, CHANDIGARH TEQIP-III

Form No. 5

Faculty / Staff Qualification Upgradation

S. No.	Particulars	Details	
1.	Name of faculty / staff member, Branch and designation		
2.	Phone No. & Email-ID of Faculty/ staff member Name of supervisor and address:		
3.	Institute where Registered for Qualification Up-gradation and Duration for which Bills will be submitted		
4.	Initial Qualification		
5.	Upgraded Qualification & Joining Date		
6.	Summary of Work Carried Out		
7.	Pleasespecify the suggested activity underwhichthe said proposal is covered as perpermissible expenditure guidelines ofNPIUfor TEQIP-III.	Budget Head:	
8.	Budget Details as per p <u>ermissible expenditure g</u>	uidelines of NPIU for TE	<u>QI</u> P-III:
	S. Particulars No. Name of Item		Details Total Estimated Expenditure (Rs.)
		Grand Total:	
		Grand Lotal:	

9.	Certified by the applicant that the following will be complied with:	
	• I have read the <i>permissible and Non-permissible expenditure guidelines of NPIU for TEQIP-III</i> .	
	•	Internal/Post audit objections and shortcomings or recovery etc., if any will be settled by me.
	• I will acknowledge TEQIP-III grant in each presentation/conference proceeding/paper/activity.	
	• I will avail all austerity measures like discount on fee, thesis printing etc.	
	•	I will submit a <i>detailed report about my Qualification</i> , clearly specifying the gains and an
		action plan for implementing the feasible activities and submit the same to the institute.

Signature of Applicant

Recommended by R & D Incharge, TEQIP-III

Academic Nodal Officer TEQIP-III Coordinator, TEQIP-III

Project Head, TEQIP-III