**** भारतीय प्रौद्योगिकी संस्थान भुवनेश्‍वर

**Indian Institute of Technology Bhubaneswar**

**Application for Participation in Training Programme**

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| 1. | Name & Employee Code |  |
| 2 | Designation & Section |  |
| 3 | Date of Joining IIT Bhubaneswar |  |
| 4. | Current Pay level and Pay | Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Level \_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. Educational & Professional Qualification possessed (Graduation onwards) | | | |
| **Sl.** | **Year of passing** | **Name of the Degree** | **Name of the Institution** |
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| 6. Training/Workshop **attended so far**: | | | | |
| **Sl.** | **Name of the Course** | **Duration** | **Year** | **Name of the Institution** |
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| 7. **Details of the Training/Worksop proposed to attend. Attach complete brochure of the course high-lighting the below mentioned points mentioned in the brochure:** | | | | | | | |
| Name of the Course | From | To | Name of the Institution | Details of Course Fee & payable to whom | Eligibility for pursuing the course | Mode (online / off line) | Venue for the Course |
|  |  |  |  |  |  |  |  |

|  |  |
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| 8. Outcomes of the Training/Workshop proposed to be attended: | |
| How the proposed Course will benefit you in discharging your assigned responsibilities efficiently? | How the Institute will benefit from you by permitting you to undergo the proposed Course? |
|  |  |

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| 9. | Details of estimated Financial support required from the Institute (if any): |
|  | 1. Course fee : Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Estimated TA/DA (if any) : Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as per entitlement) 3. Others (if any) : Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (d) Total : Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only) |
| 10. | Amount of Advance required (if any) : Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only) |
| 11. Period of Absence from Headquarters: | |
| From : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AM / PM) To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AM / PM) Duration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days. | |

I hereby undertake that on completion of Training, proof of attending the training program/copy of Participation Certificate along with Joining Report are to be submitted to Establishment section for updation of records.

Date:  **Signature of employee**

**HoD’s Recommendations/Remarks:**

**Signature of HoD**

Date:

**Recommended / Not Recommended**

**Registrar**

Date**:**

**Approved / Not Approved**

**Director**

Date**:**

**Forwarded to Establishment Section for further necessary action.**