

### Annexure-I

#### Permission to Attend National & International Conference by Faculty Members under Cumulative Professional Development Allowance (CPDA)

<b>1.</b>	Name of Faculty Member	
<b>2.</b>	Designation (tick the appropriate)	Professor/Associate Professor/Assistant Professor
<b>3.</b>	Department	
<b>4.</b>	Nature of Activity (tick the appropriate)	National Conference/International Conference/Workshop/Symposium/ Any other (Specify)
<b>5.</b>	Nature of the Participation (Tick the appropriate)	Chairing a session/plenary paper/Invited Lecture/Poster Presentation
<b>6.</b>	Details of the Program (a) Title of the Program (b) Venue, Name of the City (c) Dates of the Program (d) Organizers/Host Institution	
<b>7.</b>	Details of the Accepted Paper	
	(a) Title of the Paper	
	(b) Authors (as appear in the Paper)	
<b>10.</b>	Details of Expenses (approximate)	
	(a) Registration Fee (including Transaction Charges)	
	(b) TA (Journey + Local Travel)	
	(c) DA (Activity duration + Travel days)	
	(d) Boarding & Lodging	
	(e) Any Other Expenses	
	Total (a to e)	
<b>11.</b>	Have you Attended Such Activity During the PDA Block Period Current	Yes/No (if Yes, Please Provide the Following Details for Each Activity)
	Activity 1	
	(a) Name of the Activity	
	(b) Dates of Activity	
	(c) Venue of Activity Expenses Incurred	
	(d) Expenses Incurred	
	Activity 2	
	(a) Name of the Activity	
	(b) Dates of Activity	

	(c)	Venue of Activity Expenses Incurred	
	(d)	Expenses Incurred	
12.	Total Expenses Incurred by You Till Date to Attend Conferences in India as well as Abroad During Current PDA Block Period		

**Name of the Activity**

**Dates of the activity**

**Venue of the activity**

**Number of days of duty leave availed**

**Amount sanctioned**

**Whether the following are submitted: Accounts and original bills submitted Yes/ No**

**Brief Report of the conference attended Yes/No**

Signature of Applicant

Date:

List of Enclosures to be submitted

1. Copy of the abstract of the paper
2. Copy of full length paper
3. Copy of the Acceptance/Invitation letter
4. Copy of the Brochure about conference
5. Invoice from travel agent for foreign travel
6. Hotel tariff as indicated by the organizers if not mentioned in the brochure

Recommendation by the Head of Department

Recommendation of the Committee

(Recommended /Not Recommended)

Dean (Faculty Welfare)

Dean (Academic)

Dean (R & C)

Head (Concerned Dept./Centre)

Approval of the Director

Permitted to leave head quarters

Dates

Number of Days

Approval of Hon'ble Chairperson for foreign travel

## Annexure-II

### Proforma for Claiming Reimbursement of Expenses after Attending National Conference/ International Conference by Faculty Members under Cumulative Professional Development Allowance (CPDA)

1	Name of Faculty Member	
2	Designation (tick the appropriate)	Professor/Associate Professor/Assistant Professor
3	Department/Centre	
4	Nature of Activity (tick the appropriate)	National Conference/International Conference held within India
5	Name of the Activity	
6	Dates of Activity	
7	Venue of Activity	
8	Details of Actual Expenses supported by documents:	
	( a )	Registration Fee (including Transaction Charges)
	( b )	TA (Journey + Local Travel)
	( c )	DA (Activity duration + Travel days)
	( d )	Boarding & Lodging
	( e )	Any Other Expenses
	<b>Total (a to e)</b>	
9	<b>Whether Presentation made in the Department</b>	

**Encl: Copy of the Report on the conference attended:**

**List of original bills submitted**

**Head of Department/Centre**

**Deputy Registrar**

**Director**

**Signature of the Applicant**

**Assistant Registrar**

**Registrar**

### Annexure-III

**Proforma for Claiming Reimbursement of Expenses Incurred on Securing Membership of Professional Bodies / Purchase of Books / Stationary Items and other consumables, computer accessories etc.by Faculty Members Under Cumulative Professional Development Allowance**

<b>1</b>	Name of Faculty Member	
<b>2</b>	Designation (tick the appropriate)	Professor/Associate Professor/Assistant Professor
<b>3</b>	Department/Centre	
<b>4</b>	Details of Expenses	
	(a) Membership Fee of Professional Body	
	(b) Books	
	(c) Stationary Items	
	(d) Computer accessories	
	(e) Repair of Printers / Laptop /equipment/ Desktop / Refill of Cartridges	
	<b>Total (a to e)</b>	

**Signature of the Applicant**

**Head of Department/Centre**

**Assistant Registrar**

**Deputy Registrar**

**Registrar**

**Director**