Title of the Event: _____

BIRLA VISHVAKARMA MAHAVIDYALAYA (BVM) ENGINEERING COLLEGE
VALLABH VIDYANAGAR -388120, GUJARAT, INDIA
TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME FUNDS (TEQIP FUNDS)

Proposal for Organizing Training Programme / Workshop / Seminar / Conference / Continuing Education Programme

Ref No.: _____ **Date:** _ **Name of the Department:** _____

Title of the Programme: _____

Domain of the Programme: Subject area / Pedagogical / R&D / Other (specify): _____

Duration: _____ **Proposed Dates:** _____

Name of the Head of Department: _____

Email: _____ **Mobile No:** _____

Name of the Coordinator: _____

Email: _____ **Mobile No:** _____

Name of the Co-coordinator _____

Email: _____ **Mobile No:** _____

Objective(s) of the Programme:

_____
_____
_____
_____
_____

Who would attend the Programme?

_____
_____
_____
_____
_____
_____

Proposed topics to be covered in the Programme (In theory/laboratory/tutorial):

_____
_____
_____
_____

Title of the Event: _____

Expected Outcomes:

_____

_____

_____

_____

Details of Internal Resource Persons*(Please attach proposed time table):

S N	Name and Designation	Address with email and Contact no.	Topics	No of Lectures
1				
2				
3				
4				

*No honorarium to internal experts.

Details of External Resource Persons: (Please attach proposed time table.)

Sr No	Name and Designation	Address with email and Contact no.	Topics	No of Lectures
1				
2				
3				
4				

Expected numbers of participants:

External participants:

Faculty: _____Industry: _____Research Scholar: _____UG/PG Students: _____

Internal participants: _____(Internal participants should not normally exceed 50% of total participants.)

Total Participants: _____

Proposed Budget:**

Sr No	Purpose	Quantity	Maximum Unit cost (Rs.)	Total Amount (Rs.)
1	Hospitality to participants (Two times tea/coffee & lunch)			
2	Boarding and lodging charges for invited experts			
3	Travel for invited experts			
4	Honorarium to invited experts			
5	Registration kit** including printed training material , etc			
6	Publication of proceedings (if applicable)			
7	Others (Give details: _____)			
			TOTAL	

**** Refer "Guidelines of utilization Norms to TEQIP Funds".**

Title of the Event: _____

Expected income:

Sr No	Particulars	Amount (Rs)
1	Registration Fees:	
2	Sponsorship (mention the source: _____)	
	TOTAL	

Details of Programmes organized earlier by the department under TEQIP Funds

Sr No	Title of Programme	Name, email and contact no. of coordinator and co-coordinator/s	No. of participants		Total expenditure incurred (Rs)	Date of Submission of the Report of the Event to TEQIP Office
			Ext	Int		
1						
2						

Undertaking

We undertake to submit followings (in hard as well as soft copy through email) to the Coordinator, TEQIP Funds (through the, Academics Officer) within 10 days of the completion of the programme:

1. Detailed report of the programme, including: name and address of the participants, actual schedule followed along with details of topics and experts, daily attendance records of the participants, and outcomes of the programme,
2. Analysis of the feedback collected from the participants (Individual feedbacks are to be kept with the department only.)
3. Photographs (soft copy only), if any,
4. Fees collected, and
5. Statement of accounts.

Programme Co-coordinator Programme Coordinator

Head of the Department

Title of the Event: _____

Category of Expenditure (Put a tick in one box.) **To be filled by Academics Officer, TEQIP Funds**		Research & Development
		Faculty and Staff Development
		Other (specify):

Forwarded and recommended,

Academics officer, TEQIP Funds

Finance Officer, TEQIP Funds

Budgetary provision is checked. Payment may be released after approval of the Principal.

Coordinator, TEQIP Funds

Approved/Not Approved

Principal, BVM, Vallabh Vidyanagar

Seal

Received Rs. _____as advance, by Payment Advice No._____,

Dated_____. The advance will be adjusted within 10 days from the last day of the programme.

Date: Programme Coordinator

Original form is to be submitted to the TEQIP office.

Copy to:

(i) The Applicant (Coordinator)
(ii) FSD Coordinator