



संत लौंगोवाल अभियांत्रिकी एवं प्रौद्योगिकी संस्थान
लौंगोवाल, संगरूर, पंजाब – 148 106

(शिक्षा मंत्रालय, भारत सरकार के अधीन सम विश्वविद्यालय)

Sant Longowal Institute of Engineering and Technology

Longowal, Sangrur, Punjab – 148 106

(Deemed to be University under MoE, Govt. of India)

CPDA ANNEXURE-I (A)

PERMISSION TO ATTEND SHORT TERM COURSES/STTP/WORKSHOPS BY FACULTY MEMBERS UNDER CUMULATIVE PROFESSIONAL DEVELOPMENT ALLOWANCE (CPDA).

(THE ENTIRE COLUMNS ARE MANDATORY TO FILL)

1.	Name of the employee & designation	:	
2.	Name of the Department	:	
3.	Date of joining the institute	:	
4.	Date of probation period completion on the present post	:	
5.	Special Casual Leave/Academic Leave already availed during the current academic year	:	
6.	Nature and days of leave requested required for the proposed visit	:	
7.	Period of Current PDA Block of 3 years	:	
8.	Period of current year of PDA Block of 3 Years	:	
9.	Details of International Conf./Symposium/Workshop etc. (abroad) attended during the current CPDA Block of 3 years:		
	S.No.	Dates	Name of International Conf. Name of the Organizer & Venue
	(I)		
	(II)		
	(III)		
10.	Details of National Conference/Symposium/STC/STTP/Workshop etc. (In India) attended during the current year of CPDA Block of 3 years:		
	S.No.	Dates	Name of the event Name of the Organizer & Venue
	(I)		
	(II)		
	(III)		
11.	Title of STC/STTP/Workshop/Symposium proposed to be attended (Please refer Office Order of CPDA guidelines listed at A3)		
	➤ Name of the Event	:	
	➤ Theme	:	
	➤ Period	:	
	➤ Name of the organizers	:	
	➤ Venue	:	
	➤ Journey Schedule	:	Departure SLIET : _____ (FN / AN) Arrival SLIET : _____ (FN / AN)
	➤ Purpose of visit	:	

(Signature of the Applicant)

CPDA ANNEXURE-I (A)

12.	Details of expenditure (Tentative amount required):	
	➤ Registration Fee	: _____
	➤ T.A. (Journey + Local Travel) (to and fro)	: _____
	➤ D.A. (Activity duration + Travel Days)	: _____
	➤ Any other expenses (give details)	: _____
	➤ Total (Rs.)	: _____
13.	Fund Position:-	
	a) CPDA allocated for the current year	: Rs. _____
	b) CPDA carried over from last year	: Rs. _____
	c) Total CPDA (b+c)	: Rs. _____
	d) Amount already claimed/approved/obtained from the CPDA during current block of three years	: Rs. _____
	e) Net CPDA available (c-d)	: Rs. _____
14.	Does the period of event falls during teaching period?	: _____
15.	How the teaching and other duties are proposed to be adjusted during the period of course/ conference?	: Attach duty adjustment details.
16.	<u>CERTIFICATE</u>	
	I (Dr./Mr./Ms.) _____ working as _____ in the Department of _____ on regular basis certify that:-	
	(a) The money received under CPDA will be used for the purpose for which it is sanctioned.	
	(b) I will present the paper and share conference experience with SLIET, Longowal after attending the event.	
	(c) In case at any stage subsequently it is discovered that I was not entitled to attend the same, I hereby undertake to refund the amount sanctioned out of CPDA for attending the said Conference (National/International) /Workshop/Symposium etc. and render myself liable for any disciplinary action under the CCS CCA Rules (1965).	
	(d) I will claim as per guidelines notified for 2018-21 under head A1/A2/A3/A4.	
	(e) It is my original Research Work and free from any kind of plagiarism (copy of my research paper generated through the software is enclosed).	
	(f) If the information supplied is found to be incorrect; I will refund the entire money to SLIET, Longowal without prejudice to any disciplinary action.	
17.	Documents to be attached with the application form (please ✓):	
	I. Information brochure.	
	II. Details of Air Fare.	
	III. Details of duty adjustment during the event.	

(Signature of the Applicant)

CPDA ANNEXURE-I (A)

	<p>NOTE:-</p> <ol style="list-style-type: none"> 1) Faculty members are required to submit the application <u>at least one month</u> before the scheduled date. 2) The candidate has to make a presentation before Head of the Department and all invited faculty members of the Institute to share the experience of attended event. A certificate to this effect signed by Head of the Department should be submitted at the time of making a claim for the reimbursement of travel support. The claim will be settled only when such certificate is enclosed. 3) Leave details and work load adjustment should be verified by Head of the Department before recommendation.
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Signature of the Applicant

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Specific recommendation of the HOD Concerned regarding relevancy of the Programme in question with the field of applicant.	:	
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Signature of the HOD

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Specific recommendation Dean (Academics)	:	
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Signature of Dean (Academics)

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Dy. Registrar (Admn.) : To process the case for approval of the Director, SLIET.