NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI
Tamil Nadu – 620 015

APPLICATION FORM FOR ATTENDING (Please tick √ the appropriate box)

International Conference - India	☐	International Conference - Abroad	☐
National Conference	☐	Workshop / Seminar / Training	☐
Winter School / Summer School	☐	Others	☐

I. FACULTY DETAILS

1.	**Name**		2.	**Staff Number**	
3.	**Designation**		4.	**Department**	
5.	**Basic Pay**				

II. DETAILS OF THE PROGRAM TO BE ATTENDED

1.	**Name of the Program**	
2.	**Organizer details**	
3.	**Venue**	
4.	**Program Duration : _____ Days. (From _____ to _____)**	
5.	**Number of paper(s) to be presented**	**6. Form of Presentation** — Oral / Poster

Note: Item 5 and 6 need not be filled for attending workshop / seminar / training / summer / winter school.

- **Attach separate sheet with the following particulars:**
  a. **For attending conference, furnish the i) Title of the Paper, ii) Details of Author/Co-Authors, iii) Abstract of the paper and iv) If findings presented are out of Sponsored Research Project, give details of the project.**
  b. **For attending workshop / seminar / training / summer school / winter school, furnish a (i) copy of the program brochure and (ii) write-up clearly indicating the benefit of attending the program (limited to 100 words).**

III. LEAVE AND FINANCIAL DETAILS

1.	**No. of days required for attending the above program (including travel period)**	
2.	**Type of leave requested (OD / EL / SCL / EOL / etc.)**	
3.	**Registration Fee / Program fee (if any)**	
4.	**TA & DA**	**5. Advance requested (3+4)**

Separate sheet may be attached for TA / DA calculation.

IV. Details of Foreign Visit(s) in the last two academic year to till date (Aca. Year : June - April)

Sl.No.	Name of the Program	Place of visit / Venue	Period & No. of Days	Type of leave availed	Source of fund

V. Details of the programs attended within India in the last academic year to till date

Sl.No.	Name of the Program	Place of visit / Venue	Period & No. of Days	Type of leave availed	Source of fund

Date :   **Signature of the faculty**

Verified the above information furnished by the faculty member. Recommended / Not recommended and forwarded	Approval of the Director
Head of the Department	**Director**

(For office use)

1.	**Type of leave sanctioned (OD / EL / SCL / EOL / etc.)**	
2.	**No. of days (including travel period) approved (From_____ to _____)**	
3.	**Sanctioned with : Registration fee / TA / DA /**	

Any other Remarks

DR (Accounts)   **Registrar**   **Dean (Admin)**

National Institute of Technology, Tiruchirappalli