

**PROPOSAL for COURSES & TRAINING PROGRAMMES**

***To be***

**Organised by**

-----ENGG. DEPTT

**PUNJAB ENGG COLLEGE (DEEMED UNIVERSITY , CHANDIGARH)**

**FROM ----- To -----**



06. Discipline in which applicant intends to conduct Course/ Training programme

a). Broad Area \_\_\_\_\_

b). Sub – Area \_\_\_\_\_

07. Specify title of Course / Training Programme.

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08. Is the Course / Training Programme funded by

- i) **Registration fees from Participants alone,**
- ii) **Ministry / Governmental agency like AICTE, UGC, DST, QIP Center etc.**
- iii) **Sponsored by a Society like Instt. of Engnrs. Etc**
- iv) **Fully sponsored by the Industry**
- v) **Mix of the above modes ( should be specified by the coordinator )**

\_\_\_\_\_

09. Relevance of the **topic selected**. How will this Course / Training Programme will benefit Professionals/Teachers/ Trainees? (Not Exceeding Fifty Words)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Proposed dates of programme from

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To

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(Attach tentative Topics with the list of Experts for information along with proposal)

11. Budget Estimate(s) for the programme (refer norms & guidelines for honorarium and expenditure)

**I. Coordination , Honorarium , Service Fee**

- 1. Honorarium for Coordination
- 2. Honorarium to Faculty:
- 3. Honorarium to Technical and Laboratory staff::
- 4. Honorarium to Supporting Staff and Secretarial staff of Deptt.:

5. Honorarium to Processing Team (staff).
6. Honorarium to Accounts (Officers and staff)
7. Fee of the Auditor/CA

**II. Institute Overheads**

**III. Direct Expenditure**

8. Expenditure on Tea, Coffee, Lunch, Dinner etc.:
9. TA/ DA to Guest Faculty / Outside Experts:
10. Incidental expenses (covering Registration and Reading Material to participants, Reprographic services, Postage, Printing, Transport, preparation for Inauguration and Valedictory, Consumables, Stationery & others.

**Total Tentative Expenditure ( I + II +III) Rs.**

12. Finances proposed to be received from various sponsoring agencies for this training Course

Sl. No.	Name of Agency	Amount
	<b>Total =</b>	

13. Finances proposed to be received from Registration Fees from the participants of this Training Course:

Rs.                      (per participant) X                      (nos. of participants) = **Total Rs. ....**

- 14. Total tentative income (12+ 13 ) likely to be Generated Rs.:**

**Dated:**

**Name & Signature of the Principal Coordinator & Co-Coordinator (s)**

**Signature of the Head of the Deptt.  
Name & Address**

**COURSES / TRAINING PROGRAMMES**  
**POST COURSE SUMMARY SHEET**  
**(to be submitted after the Course/Training Programme))**

1. Ref. No. & Date of Proposal
2. Name of the Principal Coordinator
3. Name of the Department
4. Title of the Course/ Training Program
5. Dates From \_\_\_\_\_ to \_\_\_\_\_
6. Venue
7. Total no. of participants proposed and actually attended  

Proposed

Attended

8. Total expenditure Proposed Rs.

9. **Total expenditure incurred in conducting the Course/ Training Program :**

10. Finances received from various sponsoring agencies for this training Course

Sl. No.	Name of Agency	Amount in Rs.
	Total =	

11. Finances received from Registration Fees from the participants of this Training Course: Rs.

12. **Total finances (10+ 11) Received Rs.:**

13. **Savings earned in the Course/ Training Programme ( if any)**

14. The soft as well as hard copy of the detailed study material/proceedings of the programme has been furnished to the Institute Library.

**Name & Signature of Principal Coordinator**

**COURSES / TRAINING PROGRAMMES**

**PARTICIPANT FEEDBACK FORM**

Title of the Program : \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Deptt. \_\_\_\_\_

Organized by :

	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>Excellent</b>
1. General Course Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication Effectiveness of speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quality of Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gained Professional / Technical Knowledge & Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall Rating of Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Any other comments :				

COURSES / TRAINING PROGRAMMES

**FORMAT FOR UTILISATION CERTIFICATE and STATEMENT OF  
EXPENDITURE**

**Ref. No. / Dated :**

**Title of the Programme :**

**Name of the Principal Coordinator :**

**No. of participants :**

**Duration and dates of the training course:**

<b>Ref. No. and Date</b>	<b>Total Proposed Budget Rs.</b>	<b>Details of expenditure Incurred Itemwise (as per budget)</b>	<b>Finances Received (i) From external sources and (ii) registration fees of participants</b>	<b>Balance to be Received/ Surrendered (if any)</b>
		Total Rs.	Total Rs.	Net Rs.

Certified that the balance money (**Savings**) Rs.  
Has been deposited to the Institute R&D Fund, Coordinators PDF, Faculty PDF vide Receipt  
No..... dated .....

\_\_\_\_\_  
**Name and Signature of Principal  
Coordinator**

\_\_\_\_\_  
**Name & Signature of  
Dean Research Planning & Development**

**Signature (with Seal ) of the Finance Officer/Auditor/Accounts Officer**

Copy to: **Head of the Deptt.**