

## Performa for Approval of Post Graduate Student Conference Grant

I. Department: \_\_\_\_\_ Programme: ME / PhD

### II. Student Details

Name \_\_\_\_\_ SID: \_\_\_\_\_

Father/Husband Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(DD/MM/YYYY)

Aadhaar Numbers: \_\_\_\_\_ PAN Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

District: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Country: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

III. Supervisor \_\_\_\_\_

### IV. Details of Event

1. Conference/Seminar/Workshop/Short Term Course \_\_\_\_\_

2. International/ National \_\_\_\_\_

3. Organizers of Event \_\_\_\_\_

4. Place of Visit \_\_\_\_\_

5. Duration \_\_\_\_\_

V. (a) Justification: \_\_\_\_\_  
\_\_\_\_\_

(b) Title of paper to be presented, if any \_\_\_\_\_

\_\_\_\_\_ (Attach copy)



VI. Expenses (Tentative)

Registration Fee	:	Rs. _____
TA/DA	:	Rs. _____
Total	:	Rs. _____

(Signature of Student)

Recommendation of Supervisor

(Recommended/Not Recommended)  
(Head of the Department)

Approved / Not Approved  
(Nodal Officer Key -3- Dean, SRI&C)

Coordinator TEQIP-III  
(For Processing)