

**Sri Satya Sai University of Technology and Medical Sciences,
Sehore (MP)**

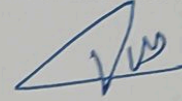
APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC
MEETINGS/CONFERENCES/SYMPOSIA/SEMINARS/WORKSHOPS/SHORT
TERM TRAINING ETC.

1	Name & Designation of the Faculty/Officer	Dr. Jitendra Sheelani, Dean SOCA.
2	Date of birth	16-01-78
3	Date of appointment as faculty member	02/02/2015
4	Details of the meeting/conference/symposium/seminar/ workshop/short-term training etc. with venue	International Conf. on SCI-2018 (Smart computing & Info.)
5	Details of the organizing Institution	KIIT - Odisha.
6	Whether invitation has been received. If so, a copy of the same be enclosed	
7	Whether the above organization is a Private Institution	Yes.
8	Title of the meeting /Conference/ symposium/ seminar/workshop/short-term trainings etc. is to be held	Internation conf on Smart computing & Informatics
9	City / State where the proposed Meeting/ Conference / seminar/ workshop / short-term trainings etc. is to be held	Bhubaneswar, (Odisha.)
10	Duration of the proposed meeting etc.	-
11	Whether he/she is attending the entire period of the meeting etc. If not, Indicate, the actual date of participation.	21/12/2018 - 22/12/2018
12	Date of departure from the Headquarters & arrival after attending the meeting etc.	20/12/2018
13	Are you presenting any scientific Paper/ Chairing Session/ Delivering lecture during the period of attending the meeting etc. (enclose the documentary evidence)	Chairing Session & Presenting Paper
14	Whether Reg. Fee only or TA/DA/Reg. Fee is required from the Institute?	both.
15	State the facilities in terms of TA, boarding lodging and remuneration / honorarium etc. being provided by the Organizers/host Institution or any other Institution/ agency. Furnish the documentary evidence for the same.	-
16	Name of the funding Institution/Agency. Whether it is private Charitable?	-
17	Names of last three conferences etc. and other academic activities attended with dates & place in the current financial year	-
18	Whether reports submitted? If not, why?	Yes.
19	In what manner has the knowledge/experience acquired been applied at the Institute	Yes

P.T.O.

20	What is the area of research the faculty is working on in the Institute	IOT, I
21	How is the conference etc. related to the area of research	Same field.
22	Name of the faculty who will look after the duties during his/her absence	Manoj Verma
23	How the participation in the meeting/ conference/ symposium/ seminar/ workshop / short-term trainings etc. in question helps in his work at the Institute	-

Certified that the details furnished above by me are correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the aforesaid Meeting / Conference / symposium/seminar/workshop/short-term trainings etc. is in accordance with the existing guidelines of the Institute and I will furnish the participation certificate as soon as I return from the same.



(Signature of the applicant)

Date:

A. If more than one faculty member (s) Officer (s) is attending the Conference etc., the following column may be filled up by Head of the Department.

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.	Source of funding
	-	-	-

B. Please state below the faculty members who will be available in the Department during the period of their (mentioned at 'A' above) absence:

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.
	-	-

(While forwarding the applications, the Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Department should be available in the Department during the duration of the meeting/conference/symposium/workshop/short-term training in question)

Recommendations of the Head of the Department with Signature & Office Stamp.

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Sehore (MP)**

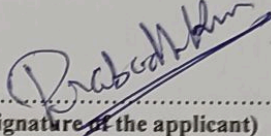
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1	Name & Designation of the Faculty/Officer	Dr. Prabodh Khamapuriya
2	Date of birth	02/03/1982
3	Date of appointment as faculty member	12/08/2008
4	Details of the meeting/conference/symposium/seminar/workshop/short-term training etc. with venue	National Workshop
5	Details of the organizing Institution	IIT, Delhi
6	Whether invitation has been received. If so, a copy of the same be enclosed	—
7	Whether the above organization is a Private Institution	Yes
8	Title of the meeting /Conference/symposium/ seminar/workshop/short-term trainings etc. is to be held	Technology outreach as an Enabler for Inclusive and Sustainable Development
9	City / State where the proposed Meeting/Conference / symposium / seminar/workshop / short-term trainings etc. is to be held	Delhi
10	Duration of the proposed meeting etc.	10 Aug - 12 Aug. 2019
11	Whether he/she is attending the entire period of the meeting etc. If not, Indicate, the actual date of participation.	10 Aug - 12 Aug. 2019
12	Date of departure from the Headquarters & arrival after attending the meeting etc.	9 Aug. 2019
13	Are you presenting any scientific Paper/ Chairing Session/ Delivering lecture during the period of attending the meeting etc. (enclose the documentary evidence)	Presenting Paper
14	Whether Reg. Fee only or TA/DA/Reg. Fee is required from the Institute?	Both
15	State the facilities in terms of TA, boarding lodging and remuneration / honorarium etc. being provided by the Organizers/host Institution or any other Institution/ agency. Furnish the documentary evidence for the same.	Traish AC (III) tier
16	Name of the funding Institution/Agency. Whether it is private Charitable?	SSSUTMS, Sehore
17	Names of last three conferences etc. and other academic activities attended with dates & place in the current financial year	NO
18	Whether reports submitted? If not, why?	—
19	In what manner has the knowledge/experience acquired been applied at the Institute	Teaching.

P.T.O.

20	What is the area of research the faculty is working on in the Institute	Electrical components.
21	How is the conference etc. related to the area of research	Learning
22	Name of the faculty who will look after the duties during his/her absence	Ms. Alka Thakur
23	How the participation in the meeting/ conference/ symposium/ seminar/ workshop / short-term trainings etc. in question helps in his work at the Institute	Teaching and learning curriculum

Certified that the details furnished above by me are correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the aforesaid Meeting / Conference / symposium/seminar/workshop/short-term trainings etc. is in accordance with the existing guidelines of the Institute and I will furnish the participation certificate as soon as I return from the same.


 (Signature of the applicant)

Date:

A. If more than one faculty member (s) Officer (s) is attending the Conference etc., the following column may be filled up by Head of the Department.

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.	Source of funding

B. Please state below the faculty members who will be available in the Department during the period of their (mentioned at 'A' above) absence:

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.

(While forwarding the applications, the Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Department should be available in the Department during the duration of the meeting/conference/symposium/workshop/short-term training in question)

Recommendations of the Head of the Department with Signature & Office Stamp.

**Sri Satya Sai University of Technology and Medical Sciences,
Sehore (MP)**

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TERM TRAINING ETC.

1	Name & Designation of the Faculty/Officer	Alka Shalun Associate Professor
2	Date of birth	21/06/1979
3	Date of appointment as faculty member	28/05/2014
4	Details of the meeting/conference/symposium/seminar/workshop/short-term training etc. with venue	Faculty development Program
5	Details of the organizing Institution	Amrta Group of Institutions.
6	Whether invitation has been received. If so, a copy of the same be enclosed	No
7	Whether the above organization is a Private Institution	Autonomous Inst.
8	Title of the meeting /Conference/symposium/ seminar/workshop/short-term trainings etc. is to be held	5 days FDP
9	City / State where the proposed Meeting/Conference / symposium / seminar/workshop / short-term trainings etc. is to be held	Venkapur / Telangana State
10	Duration of the proposed meeting etc.	5 days
11	Whether he/she is attending the entire period of the meeting etc. If not, Indicate, the actual date of participation.	Yes
12	Date of departure from the Headquarters & arrival after attending the meeting etc.	22/Nov/2019
13	Are you presenting any scientific Paper/ Charing Session/ Delivering lecture during the period of attending the meeting etc. (enclose the documentary evidence)	No
14	Whether Reg. Fee only or TA/DA/Reg. Fee is required from the Institute?	Both.
15	State the facilities in terms of TA, boarding lodging and remuneration / honorarium etc. being provided by the Organizers/host Institution or any other Institution/ agency. Furnish the documentary evidence for the same.	Trains AC III tier
16	Name of the funding Institution/Agency. Whether it is private Charitable?	SSUTMS, Sehore
17	Names of last three conferences etc. and other academic activities attended with dates & place in the current financial year	18-19 Nov 2019 (01 conference)
18	Whether reports submitted? If not, why?	only attended
19	In what manner has the knowledge/experience acquired been applied at the Institute	Teaching & learning

P.T.O.

20	What is the area of research the faculty is working on in the Institute	Electrical Machines
21	How is the conference etc. related to the area of research	Learning
22	Name of the faculty who will look after the duties during his/her absence	Ms. Soniya Chouhan
23	How the participation in the meeting/ conference/ symposium/ seminar/ workshop / short-term trainings etc. in question helps in his work at the Institute	Teaching & Learning & Curricular.

Certified that the details furnished above by me are correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the aforesaid Meeting / Conference / symposium/seminar/workshop/short-term trainings etc. is in accordance with the existing guidelines of the Institute and I will furnish the participation certificate as soon as I return from the same.

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(Signature of the applicant)

Date: 15/12/2019

A. If more than one faculty member (s) Officer (s) is attending the Conference etc., the following column may be filled up by Head of the Department.

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.	Source of funding

B. Please state below the faculty members who will be available in the Department during the period of their (mentioned at 'A' above) absence:

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.

(While forwarding the applications, the Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Department should be available in the Department during the duration of the meeting/conference/symposium/workshop/short-term training in question)

Recommendations of the Head of the Department with Signature & Office Stamp.