

REQUEST FOR APPROVAL FOR CUMULATIVE PROFESSIONAL DEVELOPMENT ALLOWANCE (CPDA) – CONFERENCES

## TICK ( ✓ ) APPROPRIATE COLUMN WHEREVER APPLICABLE

1. Name (in Capital Letters)			2. Designation		3. Department				
						Aerosp	ace Er	ngineering	
4. Employee	No.		5. CPDA No.						
6. Whether (a) Presenting a			ber			(b) Chairing a Session			
Yes N			0		Yes		s No		
7. DETAILS OF THE CONFERENCE									
(a) Title of the Conference					(b) Organized by				
(c) Duration		<u>From</u>	om <u>To</u>		(d) Place of the Conference				
(e) Title of the Paper :									
(f) Whether accepted (Enclosed copy of acceptance)									
8. FINANCIAL REQUIREMENT									
a. Travel		b. Liv	b. Living Expenses		c. Registration Fee			d. Total	
Rs.		Rs.	Rs.		Rs.		Rs.		
9. Assistance received / Anticipated from other sources :									
10. Funds required from CPDA of the Institute :									
11. Advance required (Advance will be regulated as per norms) :									
Certified that the information give above is true to the best of my knowledge & I herby undertake to submit the TA Bills and refund savings if any, to the Institution.									
Date: Signature of the Staff Member									
Recommendation of the Chairperson of the Department									
Date: Chairperson's Signature									
(FOR USE IN THE DIVISIONAL CHAIRMAN'S OFFICE)									
Forwarded to the Financial Controller W/c.									
Approved subject to availability of funds Not Approved									
Date :	Date : Divisional Chairman's Signature								