POORNIMA UNIVERSITY

Your Dreams Our Goal

E18A

Member of Association of Indian Universities & Approved by UGC (Govt. of India) under 2(f) & 12(B)

A : Application for participation

Reference: Guideline for participation in conference/ seminar/ workshop/ trainings/ symposia & Membership fees of professional bodies by faculty & staff of Poornima University

Session: 20____ – 20____   Semester : ☐ ODD   ☐ EVEN

Name of Employee: _____ Employee Code: _____

Designation: _____ Date of Joining: _____

Faculty: _____ Department: _____ Mobile number: _____

Poornima Email ID: _____Activity participating in: _____

Organizing Institution: _____Department: _____

Address: _____

Pin: _____ Dates: From _____ to _____

Category –   ☐ A: Skill & Knowledge Enhancement   ☐ B: Technical   ☐ C: Membership fees
Participating for ☐ 1ˢᵗ time / ☐ > one time in a session

Justification for participation explaining relevance to self, department and institution

_____
_____
_____
_____

Documents to be attached: **1.** Program Brochure; **2.** Copy of notification of activity; **3.** Copy of E-Mail communications (acceptance / invitation/Membership) 4. Travel, Lodging & Boarding details   5. Duly filled Membership form

Application submitted under category : _____ (Ex. A.1, B.2)

Registration Fee_____ + Traveling Expense_____ + DA_____ = Total Expenditure_____

Duration of absence from university (in hrs) _____

Signature of Applicant

Recommended by	Reporting Officer	
	Reviewing Officer	
	Dean, IQAC	
Category: ____ Amount: _____ Recommended by Dean, ASRC	Category: ____ Amount: _____ Verification by Finance Department	Verified by Registrar
Approval by Pro-President, PU	For Maximum Amount _____ (As per category & grade)	Date, Name & Signature
Final Approval by President, PU	For Maximum Amount _____ (As per category & grade)	Date, Name & Signature

B : Application for reimbursement

Reference: Guideline for participation in conference/ seminar/ workshop/ trainings/ symposia & Membership fees of professional bodies by faculty & staff of Poornima University

Session: 20____ – 20____   Semester : ☐ ODD   ☐ EVEN

Name of Employee: _____ Employee Code: _____

Designation: _____ Date of Joining: _____

Faculty: _____ Department: _____ Mobile number: _____

Poornima Email ID: _____ Activity participating in: _____

Organizing Institution: _____ Department: _____

Address: _____

Pin: _____ Dates: From _____ to _____

Category –   ☐ **A: Skill & Knowledge Enhancement**   ☐ **B: Technical** ☐ **C: Membership fees**
Participating for ☐ **1st time /** ☐ **> one time in a session**

Documents to be attached: **1.** Form E-18A along with Program Brochure, Copy of notification of activity & Copy of E-Mail communications (acceptance / invitation); **2.** Original receipt towards payment of registration fee; **3.** Copy of certificates; **4.** Original travel tickets 5. Receipt of payment & certificate of Membership

Hardcopy of report submitted to Reporting Officer	Information shared with Dean, IQAC / PIC	Information shared with Dean, ASRC
Approved for reimbursement by Finance Department	☐ **YES** ☐ **NO** For Amount _____	Date, Name & Signature (within 10 working days)
All documents verified by Registrar	☐ **YES** ☐ **NO** Amount to be Reimbursed _____ (Double check category & grant)	Date, Name & Signature (within 12 working days)
Approval by Pro-President, PU	**Amount** _____	Date, Name & Signature (within 15 working days)
Final Approval by President, PU	**Amount** _____	Date, Name & Signature (within 15 working days)