



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड  
**NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND**  
(An Institute of National Importance under Ministry of HRD, Govt of India)  
**Chumukedima, Dimapur**  
**Nagaland - 797 103**

Ref. No. \_\_\_\_\_

FORM: 17A  
Date: \_\_\_\_\_

**APPLICATION TO AVAIL CPDA FOR NATIONAL/INTERNATIONAL**  
**(CONFERENCE/WORKSHOP/SYMPOSIA/EQUIPMENT)**

1. Name and Designation of the applicant : \_\_\_\_\_
  2. Name of the Department : \_\_\_\_\_
  3. Nature of Appointment : \_\_\_\_\_
  4. (a) Name of event/conference/seminar/  
workshop/ training programme : \_\_\_\_\_  
\_\_\_\_\_
  - (b) Theme : \_\_\_\_\_
  - (c) Venue : \_\_\_\_\_
  - (d) City, State, Country : \_\_\_\_\_
  - (d) Dates : From \_\_\_\_\_ To \_\_\_\_\_
  - (f) Nature of conference/symposium/seminar : National ( ) International ( )
  - (g) Details of organizer/Inviting Authority : \_\_\_\_\_
  5. Purpose of visit : \_\_\_\_\_
  - (a) Chairing the session : \_\_\_\_\_
  - (b) Invited talk/delivering plenary lecture/ keynote  
speech : \_\_\_\_\_
  - (c) Presentation : Oral ( ) Poster ( )
  - (d) Any other : \_\_\_\_\_  
\_\_\_\_\_
- Details of paper/Invitation (Enclose Copy of
6. Invitation & Letter of acceptance whichever is applicable ) : \_\_\_\_\_

7. Travel Plan : (*from the place of work to the Event/Visit and back*)

Sl.No	Date	Time	From	To	Mode

8. Details of financial assistance acquired/being acquired from other funding agencies and/or event organizer/Inviting Authority:  
\_\_\_\_\_

**8. Details of expected expenditure:**

S. No.	Head	Amount
1.	Airfare (economy class only) / Train Fare	
2.	Registration Fees (If applicable)	
3.	Per diem Allowances(in case of overseas)	
4.	DA	
5.	Accommodation	
6.	Visa Fees Charges (as per actuals)	
7.	Travel Insurance charges (as per actuals)	
8.	Any other expenses, if any, please specify:_____	
Total expected expenditure		

*Note: TA/DA Bills Claimed under CPDA has to be put up in original TA/DA claim form. Expenditure will be reimbursed as per institute rules/norms*

**9. Alternate arrangements made for academic/administrative work during the absence from NIT NAGALAND**

Date	Name of Faculty /Staff	Assigned duties	Signature

**10. Nature and days of leave requested for stay (CL/Special Casual Leave/EL/Vacation/OD) \_\_\_\_\_****CERTIFICATE**

I certify that:-

- The details given above are correct.
- If the information supplied is found to be incorrect; I will refund the entire money to NIT Nagaland
- The money received will be used for the purpose for which it is sanctioned.
- I will present the paper and share conference experience with NIT, Nagaland after attending the event.

**(Signature of Applicant)**

**(Head of the Department)**

**(Registrar)**

**(Director)**

Approved/Not Approved

**NOTE:-**

- Enclose participation certificate received from the organizers at the time of reimbursement of claim.
- Leave details and work load adjustment should be verified by Head of the Department before recommendation.

**Enclosures:**

- Announcement of the event ( if application )
- Letter of Invitation from the event organizer /inviting authority (if applicable)
- Letter of acceptance( if applicable)

**NO OBJECTION FROM CO-AUTHOR FOR PRESENTING PAPER**

(Required only if Co-Author is an employee of NIT Nagaland)

I, \_\_\_\_\_ (name of co-author) am a co-author of the  
paper \_\_\_\_\_ (title of paper), I have no  
objection for the visit of \_\_\_\_\_ (name of  
applicant) in the conference scheduled to be held at  
\_\_\_\_\_ on \_\_\_\_\_ and  
present the above paper.

**(Signature of the Co-Author)**

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 Nagaland

**FOR ESTABLISHMENT USE ONLY**

Application received on \_\_\_\_\_

From Prof./Dr./Mrs./Ms./Mr. \_\_\_\_\_

1. (a) Block year of CPDA : \_\_\_\_\_
- (b) CPDA allocated for the current year : \_\_\_\_\_
- (c) CPDA carried over from last year : \_\_\_\_\_
- (d) Total CPDA available (b+c) : \_\_\_\_\_
- (e) Amount already claimed/approved/obtained :  
from the CPDA in the current financial year : \_\_\_\_\_
- (f) Net CPDA available (d-e) : \_\_\_\_\_
2. Amount requested in this application : \_\_\_\_\_
- Amount passed in this application : \_\_\_\_\_
3. Advanced entitled to (80% of Estimated : \_\_\_\_\_  
Amount) : \_\_\_\_\_

**FOR ACCOUNTS USE ONLY**

S.No.	Particulars	Amount Admissible
1.	Airfare (economy class only) / Train Fare	
2.	Registration Fees	
3.	Per diem Allowances(in case of Overseas)	
4.	DA	
5.	Accommodation	
6.	Visa Fees Charges (as per actual)	
7.	Travel Insurance charges (as per actuals)	
8.	Any other expenses, if any, please specify _____	

(Superintendent-A/C)

(Registrar)

(Director)  
Approved/Not Approved