



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND
(An Institute of National Importance under MOE, Govt of India)
Chumukedima, Nagaland 797103

FORM: 17A

**APPLICATION TO AVAIL CPDA FOR NATIONAL/INTERNATIONAL
CONFERENCE/WORKSHOP/SYMPOSIUM/TRAINING**

1. Name of the Faculty : _____
2. Designation of Faculty : _____
3. Name of the Department : _____
4. (a) Name of event/conference/seminar/
workshop/ symposia/training : _____

(a) Theme : _____
(b) Venue : _____
(c) 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 : _____

6. Details of paper/Invitation (Enclose Copy of
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:

9. Details of expected expenditure:

S. No.	Head	Amount (Rs)
1.	Air India Airfare (economy class only)/Train Fare/Taxi Fare/Bus Fare (Booking will be allowed through Air India/ GOI approved agent)	
2.	Registration Fees (including transaction charges) Mode of payment:	
3.	DA/Per diem Allowances (as per actuals) (Activity days + Travel days = days)	
4.	Accommodation Charges (as per actuals)	
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: Approval/permission for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per GOI/Institute rules/norm

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

Date	Name of Faculty /Staff	Assigned duties	Signature

11. Nature and days of leave requested for stay (CL/Special Casual Leave/EL/Vacation/OD) _____

CERTIFICATE

I certify that: -

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

(Signature of Applicant with Date)

(Head of the Department)

ESTABLISHMENT SECTION

- 12. a) Block year of CPDA : _____
- b) CPDA allocated for the current FY : _____
- c) CPDA carried over from last FY : _____
- d) Total CPDA available (a + b) : _____
- e) CPDA availed in the current financial year : _____
- f) Net CPDA available (d – e) : _____
- g) Amount requested in this application : _____
- h) Advance entitled to (80% of (g)) : _____

(Advance is applicable to International Conference only)

(Superintendent)

(Assistant Registrar)

(Registrar)

(Director)
Approved/Not Approved

NOTE: -

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

Enclosures:

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

