



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

FORM: 17A

**CPDA APPROVAL FOR ATTENDING NATIONAL/INTERNATIONAL
CONFERENCE/WORKSHOP/SYMPOSIA/TRAINING/ONLINE**

1. Name of the Faculty : _____
2. Designation of Faculty : _____
3. Name of the Department : _____
4. Name of event/conference/seminar/
workshop/ symposia/training : _____
 - (a) Theme : _____
 - (b) Venue : _____
 - (c) City, State, Country : _____
 - (d) Dates : From _____ To _____
 - (e) Nature of conference/symposium/seminar: National () International ()
 - (f) Details of organizer/Inviting Authority : _____
 - (g) Attending Online/Offline : _____
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 eventorganizer/Inviting Authority:

FORM: 17A**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: -

- 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 with Date)

(Head of the Department)

ESTABLISHMENT SECTION

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)

(Junior Assistant)

(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)