Kasegaon Education Society
Rajarambapu College of Pharmacy, Kasegaon
R & D Cell

Policy for Seed Money Scheme (SMS)

TableofContents

1.ResearchAwards

1. **Purpose:**

Seed Money Scheme (SMS), sponsored by Rajarambapu College of Pharmacy, Kasegaon (RCPK), aim to promote research and innovation amongst RCPK faculty members. Seed funding under this scheme is to be used to initiate/continue the research work of the faculty. The objective of the scheme is to accelerate the possibility to receive the financial support from external agencies in future. The applicant must clearly and convincingly demonstrate that the proposed project represents a new research direction in an area likely to generate external funding. Research Project that is already supported by other sources will not be considered for funding. The project under SMS will be considered as Minor Project.

2. **Scope:**

All RCPK faculty/staff members can apply for SMS.

3. **Policy Statement:**

The funding support under this scheme will be up to Rs. 25,000/- (for 1 years). Per year two maximum 4 projects were selected.

4. **Preference will be given to proposals that:**

* Have a high potential for external funding

* Have significant scientific merit

* Represent a new direction for the PI

* Build or strengthen inter-disciplinary research partnerships

5. **Applicant Eligibility & Formalities**

1. Applicant must be a full-time faculty in the Institute.
2. If a proposal is turned down by the Seed Grant approval committee, the PI is allowed to submit a new proposal in the same year.
3. The SMS will be discontinued in the absence of PI for more than 30 days of unsanctioned leave and in such case PI will have to return the money. If the leave is taken due to unforeseen health condition then PI may get special permission to continue the SMS.
4. In case of resignation without completion of SMS, PI has to refund all the money availed under the scheme to RCPK.
5. In case of Maternity Leave, PI will be given special permission to extend their project after joining duty. However, priori permission is required in such cases.
6. After completion PI must submit a proper report along with achievements, and deliver a formal presentation in the respective department before the committee and PI need to submit utilization certificate as per given format.

6. **Proposal Submission Window**

The proposal submission will be open throughout the year. The project proposal should be submitted as per format attached herewith (**Annexure I**). The duration of SMS will be One year only (maximum), and will not be extended beyond 1 years.

7. **Proposal Review**

Submitted proposal will be evaluated as per the format enclosed as **Annexure II**.

8. **Project Completion**

1. PI must submit a proposal for funding to the agencies within the time period of project under SMS.
2. PI will be responsible to submit three copies of project completion report (**Annexure III**) along with final Utilization Certificate (**Annexure IV**).

9. Project Evaluation

The date of proposal evaluation meeting will be notified by the Principal.

10. Budget

The funding support under this scheme will be up to Rs. 25,000/- (for 1 years) (4 project/Year).

a. Funding is available for purchasing and other activities as specified below:
   1. Consumables (Like chemicals& glassware's etc.)
   2. Contingencies (books etc)
   3. Any other important items subject to the prior approval of Principal.

b. Grant cannot be used
   1. For Travel/registration of conference or other events.
   2. For purchase of Laptop /Desktop

11. Grant Administration

The Principal Investigator is responsible for the administration of granted funds. In particular, he/she must be certain that over-expenditures do not occur. Any procurement will be made as per the existing purchase policy of the Institute.

If the work requires more time over initial proposed period to complete, the Principal Investigator may request a three-month extension (once only) by sending a request to the Principal at least one month prior to the end of the project.

12. Approval Committee

The committee for evaluating the initial proposal and the final completion report is already notified by the Principal. Please see the **Annexure V** for details.

13. Downloads

a. Annexure I: SEED MONEY APPLICATION FORM
b. Annexure II: PROJECT EVALUATION FORMAT Revised
c. Annexure III: PROJECT COMPLETION REPORT
d. Annexure IV: UTILIZATION CERTIFICATE
e. Annexure V: APPROVAL COMMITTEE

ANNEXURE - I

FORMAT FOR PROPOSAL SUBMISSION

Details of Principal Investigator

Name & Emp. Code	Designation	Highest Qualifications	Department	E-mail	Contact no	Date of Joining

Technical details

1. Introduction: (Maximum 1 page)

(Scientific rationale for doing this work should be elaborated)

2. Literature Review of status of Research and Development in the subject

2.1 International Status: (Maximum 1 page)

(Researchers working in the area worldwide and their contributions must be properly highlighted with recent references and reviews. A correct and faithful description of the international research status must be given)

2.2 National Status: (Maximum 1 page)

2.3 Importance of the proposed project (Maximum 1 page)

(Highlight what is the new area or gap which will be solved in the project in relating to what is already known. This is a very important section to project the novelty content of the proposal)

3. Progress/achievement so far, if any

4. Work Plan:

4.1 Methodology: (Maximum of 2 pages)

(It should contain all the details of how each of the objectives will be addressed. This section must be detailed and have clear plans, not vague and generalized statements. It should have several schemes,

tables, figures, equations etc. in addition to text, explanation, and justification of why the project research plan will work)

4.2. Budget*

Sl.No	Item	**1st Year Budget**
1.	Consumables	
2.	Contingency	
3.	Other cost	
Total		

4.3 Time Schedule of activities giving milestones through Chart diagram.

4.4 Expected outcome.

5. Future plan of action (stating the name of funding agency where the project will be communicated for financial support within the time-period of project.)

6. Bibliography:

7. List of Projects submitted/implemented by the Investigators (If any)

7.1 Details of Projects submitted to various funding agencies:

Sl.No.	**Title**	**Cost in Lakhs**	**Month of submission**	**Role as**	**Agency Status**

7.2 Details of Projects under implementation

SL.No.	**Total**	**Cost in Lakhs**	**Duration**	**Role as**

7.3 Details of Projects completed during the last 5 years

Sl. No	Title	Cost in Lakhs	Duration	Role as	Agency

8. List of publications published by the Investigators, if any:

9. Name of at least two subject experts from the Institute and one from the outside Institute with their contact details:

Sl. no	Name	Designation	Institute	Expert in subject	Address with mobile no.

DECLARATION FROM THE INVESTIGATOR

Project Title:

It is certified that

1. I do hereby agree to submit a complete proposal for financial support to the external funding agency within the time period of SMS.
2. I agree to submit ethical clearance certificate from the concerned ethical committee, if the project involves field trails/experiments/exchange of specimens, human & animal materials etc.
3. I agree to abide by the terms and conditions of SMS, RCPK.

Name of PI	Signature of PI

Date:

Place:

Signature with date

Head of the Department

ANNEXURE - II

PROJECT EVALUATION FORMAT

(1) Recommendation Sheet

Name of the Investigator	Name of the Department	Title of project	Remarks of the evaluation committee	Recommended / Revision / Not Recommended	Financial allocation recommended

(2) Budget: Approved

Sl.No	Item	Amount Sanctioned (INR)	1st Year	2nd Year
1.	Consumables			
2.	Contingency			
3.	Other cost			
	Total			

(3) Evaluation committee members

Name of Committee member	Signature	Date

Principal, RCP, Kasegaon

ANNEXURE III
SEED MONEY PROGRESS/COMPLETION REPORT
New Format (1-2 Pages only)

1. Faculty Name:
2. Department Name:
3. Date of joining RCPK and present post
4. Seed Money granted, Date of Sanction and utilization:
5. Title and main objectives (<50 words) of the project:
6. Output (during/ after the seed project period):
    a) Publication/patent with details:
    b) Ph D guided (during project period):
    c) Sponsored project(s) earned during or after this project:
    d) Conference/seminar presentation:
    e) National level award/recognition, if any (during project period):
    f) Teaching record (Course No., Year, No. of students, any additional information):
    g) Facility created:
    h) Collaboration, if any:
7. Acknowledgement in papers/conference/website/report:
8. Progress Level (in %):
9. Date of completion, if applicable:
4. Most important scientific achievement (50 words):

Signature of the PI

(with Date)

Signature of the Principal

(with Date & Seal)

ANNEXURE IV

UTILIZATION CERTIFICATE

Certified that the grant of Rs. ……..(Rupees…….. only) received from the Rajarambapu College of Pharmacy, Kasegaon the Seed Money Scheme entitled_____vide SMS letter No…… dated ……. has been fully utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions laid down by the RCP, Kasegaon.

Signature of the Principal Investigator	
Signature of Concerned Officer from A/C section, RCP, Kasegaon	

ANNEXURE V

APPROVAL COMMITTEE

Sr. No.	Name of Committee Member	Designation
1.	RCP, Principal	Chairman
2.	Research Committee Members	Member
3.	All HOD's	Member
4.	Research Committee Coordinator	Member Secretory

Instructions for Submission of Proposal

The format of the proposal will be available with R & D cell. (Annex- V)

1. Proposal will be sanction in the Research Committee meeting. The meeting frequency normally once in month. If proposals are more and or due to urgency meeting may be call as per need.
2. No submission of proposal direct to the Principal. All proposals should be submitted to Head of the Research Committee.
3. Before submission you have to see that your proposal will be through proper channel (through Principal) and with all required supporting documents.
4. Following documents should be submitted with proposal:
    - Proposal in the PDFformat
    - Sanction letter from Director
    - Boucher (if applicable)
    - Quotation (if applicable)
    - Any other information/through email etc.
5. Normally meeting for sanction of proposal will be in the 2nd week of every month. All should submit your proposal before meeting (up to 10th of every month).
6. Information of sanction/not sanction of proposal will be communicated to every department through head of the research committee and copy also available on college website.
7. The proposal will be sanction as per guidelines given by RCP, permitted/ non permitted expenditure.
8. For any information/ problem related to activity should be contact to me by mail kespharmacy@gmail.com) or by direct contact
9. The bills should be submitted to Office Superintendent - with all supporting document.
10. If traveling by own vehicle/ Hired car toll bills should be submitted
11. TA/DA will be applicable as per institute policy

12. Following documents should be submitted along with bills
13. All bills will be paid by cheque /DD only.
14. Cheques/DD will be given from dates 20-25 of every month.
15. Submit Teaching Assistantship bills before 30th of every month.
16. In case of doubt about preliminary feasibility, the proposal to be discussed with principal before final decision.

Annexure - VI

	To The Principal	Proposal for Activity: (Name of activity)
	Reference:	**Date:.**
Scheme & Funding		Category of Expenditure: (Refer Table no 17, PIP)
Department		
Type of Activity		**Period of Activity: (Duration & date)** .
Coordinator /applicant		**Co coordinator:**
Objectives :		
Abstract of proposal:		
Beneficiaries.		
Deliverables		
Participation Agency		
Budgetary expenditure. (Details Budget can be attached separately)	A. Total Expenditure of Program (Out flow)	
	B. Total amount spent for external agency	
	C. Total Resource generation (In Flow)	
	Estimated Cost (A+B –C)	
Recommendations of HOD & Signature		
Approval of The Director		
Proposal is approved/not approved or any suggestion may please be given at this place		

Estimated Income Expenditure *for* *(Name of Activity)*

Budget Head	Sr. No	Item	Amount/ Unit	Qty	Total Income	Total Expenditure	Remark
Registration		Registration of applicant					
		Travelling/DA to applicant (TA+ DA)					
		Registration Kit (Pen/Pad/bag/Any other)					
				Sub Total			
Lunch/Dinner		Lunch/day (write approximate rate per lunch)					
		Dinner/day (write approximate rate per lunch)					
		Breakfast & Tea/day (write approximate rate per lunch)					
		Mineral Water					
				Sub Total			
Remuneration		Coordinator/day					
		Trainer (Faculty)/ (3 sessions per day)					
		Technical Assistant					
		Any other					
				Sub Total			
TA & DA ay		Faculty					
		Guest					
				Sub Total			
Misc& Contingency expenses		Banner Printing					
		Photography/Video recording					
		Postages					
		Publicity and advertisement					
		Stationary & Printing					
		Other expenses					
				Sub Total			
				Total			

Principal

Coordinator/Applicant signature

Annexure - VII

Document to be attached for

a) Procurementof Software

1. Sanction Letter
2. Quotation
3. Comparative Statement /Proprietary Certificate
4. Installation Report
5. Faculty Training Report & Training Staff List
6. PAN Card of Party (If Applicable)
7. Dead Stock entry with HOD Signature
8. Lab In-charge report with HOD Signature

b) Procurement of Books

1. Sanction Letter
2. Original Invoice / Bill
3. Quotation
4. Books Received details with signature
5. Accession registers entry

Annexure – VIII

- **Teaching Assistant work Reportalong with Xerox copy of attendance Register**

Department of Pharmacy

WORK REPORT OF

TEACHING ASSISTANT (TA)

For the Month- DATE: From to

Name of Student: Class- Branch-

Sr. No.	Week	Work done / Particulars	Sign of student	signature of faculty
1	First Week			
2	Second Week			
3	Third Week			
4	Fourth Week			
5	Fifth week			
Total Days Present				

Signature of supervisor

Annexure - IX

➢ Research & Development

Patents filing charges

1. Permission Letter from Director
2. Original Invoice
3. Details of Patents

Check List along with bills for In-house programs

Date-

To,
The Director,

Sub- Attached Documents for bills of **In house arranged Programme** through TEQIP
Name of Co-ordinator: - _____
Designation: - _____ Department:-_____

Respected Madam,

We have successfully organized the Faculty Training/Workshop/Conference/Students Training Programme on _____ of _____ department from _____ to _____ period. Following documents are attached herewith. **(Please Tick Mark Need full)**

1) Bill Summary (Bills attached on rough paper) ☐
2) Permissioan Letter &Budget ☐
3) Programme Schedule ☐
4) List of Participant ☐
5) Actual Budget ☐
6) Photos ☐
7) Brief Report ☐
8) Certificate Xerox ☐
9) Upload the training details/Report on RIT web on date_____ ☐
10) IRG Deposits in four funds Receipts ☐
11) Softy copy of above documents ☐
12) Fill up Training Evaluation form ☐

Co ordinator Signature **Principal**

Evaluation of Training
Course Coordinator's Report

Title of the Program :

No. of Days & Duration :

Name of Course Coordinator/s:

Designation & Department :

Category of Training Program: (Tick mark the appropriate choice)

Specific Domain : ☐

Pedagogy : ☐

Research Methodology : ☐

Soft Skills : ☐

Non-teaching supporting staff: ☐

Total Number of Participants:

In house participants :

Outside participants :

M. Tech. Students :

Total Number of sessions :

Total Number of resource persons:

In house resource persons:

Resource persons from other organizations: (Pl. attach profiles of the resource persons)

Revenue generated through registration fees:

Revenue through any other means:

Total revenue generated:

Total expenditure incurred on Training Program:

Expenditure per participant:

Has the entry behavior of participants assessed at the beginning of the program?

Yes ☐ No ☐

Had the learning outcomes been defined while designing the program?

Yes ☐ No ☐

Have the learning outcomes been achieved at the end of the program?

Yes ☐ No ☐

If Yes, please demonstrate

_____

_____

If No, why?

_____

_____

_____

Based on entry level assessment, was the content upgraded?

Yes ☐ was not required ☐

Required, but shall be done next time

Has the effectiveness of individual session been assessed?

Yes ☐ No ☐

Has the assessment of overall program been made?

Yes ☐ No ☐

What is the satisfaction index of overall program? (between 0 to 10)

Comments of Course Coordinator based on the feedback received.

_____

_____

_____

_____

Any suggestions coordinator wants to make to the institution?

_____

_____

Date &Signature of Coordinator **Date & Signature of Principal**

Check List along with bills for program attended

Date-

To,
The Principal,

Sub- Attached Documents for **attended training program/ Presented Paper** bills

Name of Applicant: - _____

Designation: - _____ Department:-_____
Respected Madam,

I have attended Training Programme / Presented Paper Personally in _____ from _____ to _____ held at _____. Following documents are attached herewith. **(Please Tick Mark Need full)**

1) Original Registration fee receipt ☐
2) T.A D.A. bill with original Tickets ☐
3) Brochure Xerox ☐
4) Programme Schedule ☐
5) Certificate Xerox ☐
6) Copy of Presented Paper ☐
7) Training Report with HOD Signature ☐
8) Resource material submitted in department Library **(Booklet / CD/ Book)** ☐
9) Upload the training details/Report on RIT web on date_____ ☐
10) Fill up Training Evaluation form with Dean Q.A signature ☐

Applicant Signature **Principal**

Evaluation of Training (EoT for Faculty)

1. Background Thoughts

1.1 Training Program faculty has attended

1.2 Training Program organized by faculty

1.3 Evaluation of Effectiveness of Training.

1.4 Evaluation of Effectiveness as well as Efficiency of Training (for 1.2).

1.5 Evaluation of Training is not faculty assessment / performance measurement at large. The scope is confined to evaluation with regards to fulfillment of objectives.

1.6 Training programs faculty may attend can be categorized as

a) Subject / Area relevant
b) Pedagogy
c) Research Methodology /Tools / Techniques
d) Soft skills / Management Capacity Building
e) Application Soft-wares

1.8 For 1.1 main stakeholders are

Faculty
HoD
Institute
Students

1.9 For 1.2 main stakeholders are

Faculty (Participants)
Faculty (Organizer)
HoD (Department)
Institute (Director)

1.10 Evaluation of Training output is to be made by faculty himself (self assessment), HoD (supervisor) and in some cases by Deans or Director. Peer assessment may also be used in some cases.

1.11 Evaluation Period:

1st Evaluation is proposed within 01 month of completion of training.
2nd Evaluation, if applicable, is proposed after 04 months but not more than 06 months duration.

2. Matrix showing the Evaluators for various positions in _____-

	Subject /Area Relevant (A)	**Pedagogy (B)**	**Techniques (C)**	**Soft Skills / Management Capacity**	**Application Software (E)**

				Building (D)	
Faculty (Asst. Prof./Assc. Prof.&Professor)	Self AssessmentPeer AssessmentHoD Assessment Principal	Self Assessment Peer Assessment HoD Assessment Principal	Self Assessment Peer Assessment HoD Assessment Principal	Self Assessment Peer Assessment HoD Assessment Principal	Self Assessment Peer Assessment HoD Assessment Principal
Principal	Self Assessment Peer Assessment	NA	NA	Self Assessment Peer Assessment Principal	Self Assessment Peer Assessment

3. Process:

- It shall be the responsibility of trainee to initiate the evaluation process.
- The evaluators shall stand for various positions as shown in above matrix.
- The process shall begin with self assessment.
- In case of Asst. Professors, Assc. Professors and Principal the evaluation shall finish after assessment by Principal.
- For Principal, Part C and Part E shall remain blank, and Part F shall get filled by the KES Secretary.
- In case of discrepancy, the Principal may make the final evaluation for any position and any kind of program.

Evaluation of Training Form

Evaluation of Faculty Training

Part-A (To be filled by the Trainee)

Name of Faculty: _____ Date : _____

Designation & Department: _____

Title of Training Program:_____

No. of Days & Duration of Program: _____

Organized by: _____

Venue of Training Program: _____

Category of Training Program: (Tick mark the applicable option)

Subject / Area relevant : ☐

Pedagogy : ☐

Research Methodology/Tools/Techniques : ☐

Soft Skills/Management Capacity Building : ☐

Application Software : ☐

Expenditure incurred for the program (INR): Registration :

TA & DA :

Man hours :

Total :

Part-B (To be filled by the Trainee)

Do you feel the content was relevant & effective?

Very much ☐ Upto certain extent ☐ Not much ☐ Not at all ☐

Please, brief about your learning from the program.

_____

_____

_____

Have you implemented your learning in the professional life?

Yes ☐ No ☐

If Yes, please elaborate:

_____

_____

_____

_____

If No, please share your plan of implementation.

_____

_____

_____

Would you recommend the program to your colleague?

Yes ☐ No ☐

Have you shared the learning experience/s formally with your colleagues?

Yes ☐ No ☐

Demonstrate the improvement in performance / value addition, owing to this training program.

Tangible benefits: _____

_____

Intangible benefits: _____

_____

Next (2nd evaluation, if required) due on:

_____

Signature with Date:

Part – C (To be filled by Principal)

Has the faculty shared his/her learnings with colleagues formally?

Yes ☐ No ☐

Has the faculty implemented the learning?

Yes ☐ No ☐

If Yes, please elaborate:

_____

_____

If No, how the implementation be ensured in near future?

_____

_____

Do you perceive any value addition/performance improvement in the faculty?

Yes ☐ No ☐

Has the faculty deposited learning resources to departmental library?

Yes ☐ No ☐

Do the training needs of your department have been fulfilled?

Yes ☐ No ☐

Please justify the training outcomes vis –a- vis costs incurred on the training (Please, try to be as much specific as possible)

_____

_____

_____

_____

Do you recommend the training program for other faculty of your department? Yes ☐ No ☐

Cumulative expenditure on training for the department in current academic year INR _____

Next evaluation (2nd) due on:

Signature with Date:

Part – D (To be filled by a colleague)
In your opinion, is the training program relevant with the faculty?

Yes ☐ No ☐

Has the learning/s been shared with you and other colleagues formally?

Yes ☐ No ☐

Do you feel that the learning/s can be implemented effectively and raise the quality quotient?

Yes ☐ No ☐

If relevant, would you like to undergo the training program?

Yes ☐ No ☐

Name & Signature with Date:

Part – E (To be filled by IQAC)

Do the training outcomes perceived by Faculty &HoD help raise the quality / standard of department / institute in general?

Definitely Yes ☐ Upto certain extent ☐ No ☐

Is the cost of training justified?

_____

_____

_____

Remarks / Suggestions if any.

_____

_____

_____

Signature with Date:

Has the training brought any behavioral change in the trainee? OR is any attitudinal change is perceived in the trainee?

Definitely Yes ☐ Upto certain extent ☐ No ☐

Is the cost of training justified?

_____

_____

_____

Remarks/Suggestions, if any:

_____

_____

_____

Signature with Date:

Checked by: **Approved by:**

Annexure -X

Check List of those are eligible faculty for reimbursement of Ph.D. fees

Sr. No.	Particulars	Details
1	Name of the Candidate / Faculty-	
	Department -	
2	Title of Ph. D Topic	
3	Name of the Institute/ Ph.D. Center	
4	Registration No. & Date	
5	Name of the Guide & Institute	Name of Guide:-
		Guide Institute:-
	Affiliated University	
6	Name of the Co- Guide & Institute	Name of Co- Guide:-
		Co- Guide Institute:-
	Affiliated University	
7	Type of Sponsorship	Full Time/ Part Time
8	Duration of Ph.D. Program	
9	Ph.D. Tuition Fees details with proof & Year	
10	Demand Letter from faculty with HOD recommendation	
11	**List of Documents attached** a) Selection Letter b) Sponsorship Letter c) Copy of Bond d) Proof of admission e) Original fee receipt f) Progress report of work g) One page report with Result status h) Publication i) Progress of Theory exam	

Date-
Remark_____

HOD Signature
_____ Department

Signature
(Name-

Annexure -XI

Enhance Interaction with Industry (Through T&P)

- **Industry Visit- documents to be attached along with bill**

1) Permission Letter

2) Industry visit plan/schedule

2) Mail/Correspondence of Industry

3) Industry Reply / Permission

4) Proof of attendance with photograph

5) One page Report

- **Industry Training**

To,
The Principal,

Sub- Attached Documents for **attended Industry training** bills

Name of Applicant: - _____

Designation: - _____ Department:-_____
Respected Madam,

I have attended Training in _____ from _____ to _____ held at _____.

Following documents are attached herewith. **(Please Tick Mark Need full)**

1) Original Registration fee receipt ☐
2) T.A D.A. bill with original Tickets ☐
3) Broucher / e- mail Xerox ☐
4) Programme Schedule ☐
5) Certificate Xerox ☐
6) Resource material submitted in department Library **(Booklet / CD/ Book)** ☐
7) Upload the training details/Report on RIT web on date_____ ☐
8) Fill up Training Evaluation form with Dean Q.A. signature ☐

Applicant Signature **Principal Signature**

Annexure -XII
Support to Students need

- Arrange Expert Lecture/Training
  1. Permission Letter
  2. Letter/ mail send to expert
  3. Expert acceptance
  4. Expert profile (if applicable)
  5. Original Invoice
  6. PAN card of agency (if applicable)
  7. Notice
  8. Program Schedule
  9. Students attendance
  10. Students feed back
  11. Agency report
  12. Program photo
  13. One page report with coordinator signature

- Remedial Lectures
  1. Permission Letter
  2. Notice
  3. Students attendance
  4. One page Report with coordinator signature

Annexure -XIII

APPLICATION FORM

FOR INTERNATIONAL TRAVEL

1.

Name of the applicant	:	
Designation	:	
Department	:	

2. **Academic Profile**

Class / Institution	Year	Subject
UG (B.E.)		
PG (M.E.)		
Ph.D.		
Post Doctoral		
Any Other		

3. **Experience Details**

Experience	Details	Duration	Name of Employer
i) Teaching			
ii) Research			
iii) Industry			
iv) Any Other			
Details of research project may be provided separately, if any			

4. **Publication of the applicant during last five years**

Sr. No.	Particulars	Year	Nos.	Impact factor
i)	Referred Journals			
ii)	Books			
iii)	Proceeding			
iv)	Popular Articles			
v)	Patents (Provisionally Registered)			

5. **Contribution of the applicant in enhancing academic excellence in the institution :**

Sr. No.	Year	Contribution of the applicant (during last three years)

		Project Activities	Institution development activities

6.

Name of the International Event	:	
Venue & Date	:	

7.

Purpose of the event (put a tick mark against the appropriate place)		
Items	**:**	**Remarks**
a) Paper presentation	:	
b) Chairing a session	:	
c) Keynote Speaker	:	
d) Study & network tour	:	
e) Enhancement of Subject knowledge and research competence	:	
f) Collaboration with the organization	:	

8.

Provide write-up on the following (1 Page on each)	
(i)	Focus on International visit on improving the quality of teaching and research (or the institutional effectiveness) of the institution. Objectives of the visit be clearly mentioned.
(ii)	Benefit to the applicant from the International visit and expected outcome from this visit to the institution.
(iii)	Visit linkage to the Institutional Development Proposal objectives and to the current training needs assessment.
(iv)	Plan of the applicant for sharing the gained information with fellow faculty members.
(v)	Alternative arrangement planned by applicant about the appropriate continuance of the teaching and research duties during the travel period.

9.

Travel plan (from the place of working to the conference & back):

S.N	Date & Time	Departure	Date & time	Arrival	Mode
01					
02					
03					
04					

10. **Details of expenditure**

Items	:	Remarks
a) Total air fare by shortest route by economy class	:	
b) Visa Fee	:	
c) Amount of registration fee	:	
d) Accommodation & other logistic arrangement (Local Travelling)	:	
Total		

11. **Details of international events attended during last five years (in chronological order):**

Name of event	Date	Venue	Details of sponsors

12. Any other information which you may like to furnish in support of your application.
Resume is attached for detailed information.

(Signature of applicant)

Place:

Date:

Encl: attach list of enclosure

CHECK LIST

Checklist for the proposals under _____ involving International Travel in respect of_____from _____

1	Name of the Participants undertaking the tour with Designation and Contact Number **(A brief Bio- Data to be enclosed)**	
2	Purpose of the visit	
3	Place of visit with Contact Details of the institute proposed to be visited (Whether Consent Letter has been obtained and attached)	
4	Duration of visit (whether Daily Schedule enclosed)	
5	Date of his /her last foreign visit with duration, name of the institute Visited funding / sponsoring Agency and the purpose of such visit	
6	(i) Relevance of the visit/ training to the project objectives	
	Clear Objectives and Outcome of the visit	
7	Amount of expenditure involved in the present proposal (Whether breakup attached)	
8	Whether approval of Head of the institute have been obtained and proof there of attached	
9	Whether an undertaking has been obtained and enclosed on submission of report in due course on the training to be undertaken and experience to be gained to improve the teaching learning process in the institute	

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Signature of Coordinator