



SHORT-TERM COURSES FOR THE FACULTY OF TECHNICAL INSTITUTIONS

PROFORMA FOR SENDING PROPOSALS



Note : Before filling up the Proforma, please read carefully the rules and conditions listed in the Notification

Sponsored by The All India Council for Technical Education
Organized by The Indian Society for Technical Education

(To be filled in by Coordinator)

| | | | |
|----|---|---|----------------------|
| 1. | Name and Address of Host Institution with Pin code | Address: Pin Code : Phone: Fax : Email: | |
| 2. | Title of the Programme (<i>This should convey the content or main thrust of the programme</i>) (in Capital Letters, please) | | |
| 3. | NBA accredited status | | |
| 4. | The Programme is intended for (Tick one only) | <input type="checkbox"/> Faculty of Degree level institutions <input type="checkbox"/> Faculty of Diploma level institutions | |
| 5. | Name, Designation and Address of the Course Coordinator(s) (One Coordinator preferred. More than two not permissible) ISTE Membership Details | 1. LM/GM..... | 2. LM/GM..... |
| - | Telephone, Mobile & Email of the Coordinator(s) | | |
| - | Highest Qualification of Coordinator(s) | | |
| - | Area of Specialisation | | |

| | | | |
|----|---|---|---|
| - | Teaching Experience (years) | | |
| - | Industry Experience (years) | | |
| - | Number of papers published | | |
| - | Subject taught in the past 3 years (<i>Specify not more than 3</i>) | 1. 2. 3. | 1. 2. 3. |
| - | Number of Short-Term Courses of Summer/Winter Schools attended | | |
| - | Number of Short-Term Courses of Summer/Winter Schools conducted earlier | | |
| 6. | Name and Address of the Officer to whom grant should be made. (<i>If it is Coordinator, write his name only. Otherwise give name and address</i>) | | |
| 7. | Specialisation area for which the proposal is made (<i>tick one only</i>) | <input type="checkbox"/> Civil <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Electronics <input type="checkbox"/> Computer Science <input type="checkbox"/> Pharmacy <input type="checkbox"/> Architecture <input type="checkbox"/> Management <input type="checkbox"/> IT Related | <input type="checkbox"/> Basic Sciences (<i>Specify subject</i>) <input type="checkbox"/> Interdisciplinary (<i>Specify areas covered</i>) <input type="checkbox"/> Others (<i>specify</i>) |
| 8. | The course is intended mainly for (<i>Tick one only</i>) | <input type="checkbox"/> Senior level faculty with considerable experience <input type="checkbox"/> New Faculty or Junior faculty with very little experience <input type="checkbox"/> Any level of faculty with the right attitude and background <input type="checkbox"/> Others (<i>Specify</i>) | |

| | | | | | | | | | | | | | | |
|--|--|--|-----------------------|-------|----------|-------|------------------------|-------|--|-------|-------------------------------|-------|-------|-------|
| 9. | <p>The course is basically (Tick one only)</p> <p>Note : First two can be of 2 to 4 weeks duration. Third and Fourth can be of 1 to 2 weeks duration</p> | <input type="checkbox"/> A Pre-induction Programme for New Teachers <input type="checkbox"/> A Subject updating course <input type="checkbox"/> A Specialised Programme on Emerging and New Areas of Technology <input type="checkbox"/> A Special Programme on Institutional Management/Development/Administration <input type="checkbox"/> Other (Specify) | | | | | | | | | | | | |
| 10. | <p>Whether the proposal covers any of the categories indicated (Tick one, if applicable only)</p> | <input type="checkbox"/> Industry-based programmes with substantial involvement of industry and its experts <input type="checkbox"/> Education Technology/Methodology of teaching <input type="checkbox"/> Training for technical supporting staff <input type="checkbox"/> Library Management/Services/Automation <input type="checkbox"/> Others (specify) | | | | | | | | | | | | |
| 11. | <p>Duration of the programme (Tick one only)</p> | <input type="checkbox"/> One week (minimum 5 working days) <input type="checkbox"/> Two weeks (minimum 10 working days) <input type="checkbox"/> Three weeks (minimum 15 working days) <input type="checkbox"/> Four weeks (minimum 20 working days) | | | | | | | | | | | | |
| 12. | <p>Proposed dates for the Programme (specify dates which may be changed later, if necessary)</p> | <p>From.....To.....</p> <p>Note : It is advisable to commence programme on MONDAY</p> | | | | | | | | | | | | |
| 13. | <p>Total financial support needed (Give for different items indicated)</p> | <table> <tr> <td>1. Boarding & Lodging</td> <td>: Rs.</td> </tr> <tr> <td>2. TA/DA</td> <td>: Rs.</td> </tr> <tr> <td>3. Books & Consumables</td> <td>: Rs.</td> </tr> <tr> <td>4. Honorarium to Coordinator, Faculty and Supporting staff</td> <td>: Rs.</td> </tr> <tr> <td>5. Printing, Stationery, etc.</td> <td>: Rs.</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>: Rs.</td> </tr> </table> | 1. Boarding & Lodging | : Rs. | 2. TA/DA | : Rs. | 3. Books & Consumables | : Rs. | 4. Honorarium to Coordinator, Faculty and Supporting staff | : Rs. | 5. Printing, Stationery, etc. | : Rs. | Total | : Rs. |
| 1. Boarding & Lodging | : Rs. | | | | | | | | | | | | | |
| 2. TA/DA | : Rs. | | | | | | | | | | | | | |
| 3. Books & Consumables | : Rs. | | | | | | | | | | | | | |
| 4. Honorarium to Coordinator, Faculty and Supporting staff | : Rs. | | | | | | | | | | | | | |
| 5. Printing, Stationery, etc. | : Rs. | | | | | | | | | | | | | |
| Total | : Rs. | | | | | | | | | | | | | |
| 14. | <p>Do you expect participants from Industry/other organization? If YES, how many?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO Number = | | | | | | | | | | | | |
| 15. | <p>Do you plan/expect to raise some funds from industry/other organizations? If YES, specify amount.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO Rs. | | | | | | | | | | | | |

| | | |
|-----|---|--|
| 16. | Do you have enough expertise within your institution and neighbouring places to offer the course satisfactorily? If NO, list the names and addresses of outside faculty needed and the anticipated expenditure towards their TA/DA. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | Any other details about the institution or coordinator (s). (Specify previous experience in organizing similar programmes, special expertise/facilities available, etc.) | |
| 18. | No. of STTPs conducted in the past by the Institutions | <u>Department</u> <u>Year</u> |

COURSE DETAILS

| | | |
|----|--|--|
| 1. | Significance & Objectives of the programme <i>(list 3 to 5 major objectives in space opposite)</i> | 1. 2. 3. 4. 5. |
| 2. | Course Content/Coverage <i>(List 5 to 8 major topics with proposed duration of coverage in hours for each topic)</i> | 1. 2. 3. 4. 5. 6. 7. 8. |
| 3. | Who designed the course content? <i>(List the persons involved including those from outside the institution)</i> | |

| | | |
|-----|---|---|
| 9. | Details of Boarding & Lodging arrangement <i>(Tick appropriate ones)</i> | <div>ROOMS</div> <div>(a) <input type="checkbox"/> Single seated <input type="checkbox"/> Double seated <input type="checkbox"/> Three seated</div> <div>(b) <input type="checkbox"/> Bath attached <input type="checkbox"/> Common bath</div> <div>(c) <input type="checkbox"/> With bedding, sheets, etc. <input type="checkbox"/> Without bedding, sheets. etc.</div> <div>(d) <input type="checkbox"/> Free of rent <input type="checkbox"/> Rs. Charged as rent per day</div> <div>(e) <input type="checkbox"/> Within the institute campus <input type="checkbox"/> Outside the campus</div> <div>BOARDING (a) <input type="checkbox"/> In students hostel mess <input type="checkbox"/> In institute canteen <input type="checkbox"/> Special mess arranged <input type="checkbox"/> Others (specify)</div> <div>(b) <input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-vegetarian</div> |
| 10. | If your institution is an Institutional Member of ISTE, please indicate the Membership Number | |

I certify that the details given above are correct to the best of my knowledge and belief and I will organize the programme satisfactorily if approved. I also promise that I will close and submit the Audited Statement of the accounts of the course within 30 days of completion of the STTP.

Place :

Signature of
Coordinator
with Name

Date :

I agree to provide all necessary assistance and facilities of the institute for the conduct of the above programme. In case the proposal is approved and the funds are not available from ISTE/AICTE in time, our institution will provide fund as temporary loan to the Co-ordinator.

Place :

Signature

Date :

Name & Address of
Head of Institution
Other officer concerned