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| **COEP TECHNOLOGICAL UNIVERSITY PUNE****(A Unitary Public University of Govt of Maharashtra)****Continuing Education Program Approval Sheet** |  |

***Detailed proposal needs to be attached herewith while launching the CEP***

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| **CEP Course No.****No. Given by Office of RIIL** |   | Date: |   |
|   |
| Title of CEP course |   |
| Duration of CEP |  dd—mm—yy to dd-mm-yy |
| Sponsoring agency; enclose sanction letter  |   |
| Name of the Department  |  |
| Brief Description of syllabus of course (syllabus time table and budget of the course may be attached separately) |  |
| Names of the Faculty from COEP engaging the course (with sign) |  |
| Justify relevance of CEP course to Academics/ Research skills of faculty and participants  |  |
| How many hours of CEP course are presently being carried out by the faculty |   |
| Total minimum targeted amount to be collected through fee, sponsorship, etc. (in INR.) | **INR** |   | INR in words- |
| Amount to be deposited in IRG A/C (30%)  | **Yes / No (Please Tick the Particular)** |
| Remaining Amount, INR   |  | INR in words- |
| Proposed honorarium per hour per faculty:  |
| Regular Academic Teaching Load of Faculty  |  |
| Time required in hours per week per CEP course |   |
| Proposed date for commencement and completion of the CEP:  |  |
| ***Undertaking:*** I, , am aware that in addition to conducting CEP, I will be available during working time in the college for academic work.   Signature of faculty coordinator |
| **CEP Approval by HOD: CEP Approval by Dean of school:**Remark, if any:   Name and Signature with date Name and Signature with date |
| **CEP Approval by Director (RIIL):**Any Remark: Signature and date  |