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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 | | | | | | | |