|  |
| --- |
| **Faculty Development Program - Proposal Form # ISNC/PFT/251** |
| **Details to be filled by Applicant** |
| **Name of Applicant:**  |  |
| **Designation:**  |  |
| **Department:** |  |
| **Title of the Planned Activity:**  |  |
| **Type of Activity:**  | □ Lecture/Presentation□ Workshop□ Conference |
| **Targeted Staff:** | □ All Staff □ Selected Staff (Please provide the names and designations as an attachment for selected staff) |
| **Intended Date:** |  |
| **Intended Time:** | Start Time: End Time: |
| **Intended Venue:** |  |
| **Is the Program in the list of Approved Annual FDPs**  | □ Yes□ No  |
| **Presenters Names:**  | **Internal** | **External**  |
|  |  |
|  |  |
|  |  |
| **Expected Support** (Kindly tick the needed)  | □ Tea Stall □ Snacks □ Food□ IT Support Staff □ Presentation Equipments □ Other arrangements (Specify)………………………………………………….. |
| **Signatures with Date** | **Applicant** | **Head of Department** | **Vice Dean**  |
|  |  |  |
| **For Official Use (To be filled by H.R. Officer)** |
| **Availability**  | □ Date □ Time □ Venue□ Expected Support |
| **Status** | □ Approved □ DeniedReason for Denial: ………………………………………………………………………. |
| **FDP Registration Number (if approved)** |  |
| **List of equipments and resources to be provided**  |  |
| **Details of status conveyed to the applicant** | □ Yes □ NoReason if No: ……………………………………………………………………………. |
| **Signature of the HR Officer with Date** |   |
| **FDP Report Submission Details** |
| **Name of the Person** |  |
| **Date of Report Submission & Signature** |  |
| **Comments of HR Officer** |  |
| **Signature of the HR Officer with Date**  |  |



**ISNC/PFT/251**