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| **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 □ Denied  Reason for Denial: ………………………………………………………………………. | | | |
| **FDP Registration Number (if approved)** | |  | | | |
| **List of equipments and resources to be provided** | |  | | | |
| **Details of status conveyed to the applicant** | | □ Yes □ No  Reason 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**