**Request for Approval for Cumulative Professional Development Allowance (CPDA) - Conferences**

** ticks ( ) appropriate column wherever applicable**

|------------------------------|----------------|---------------|

<table>
<thead>
<tr>
<th>4. Employee No.</th>
<th>5. CPDA No.</th>
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6. Whether
   (a) Presenting a paper
      Yes [ ] No [ ]
   (b) Chairing a Session
      Yes [ ] No [ ]

7. Details of the Conference
   (a) Title of the Conference
   (b) Organized by
   (c) Duration From To
   (d) Place of the Conference
   (e) Title of the paper
   (f) Whether accepted
      (Enclose copy of acceptance)

8. Financial Requirement
   (a) Travel
      Rs.
   (b) Living Expenses
      Rs.
   (c) Registration Fee
      Rs.
   (d) Total
      Rs.

9. Assistance received/anticipated from other sources:

10. Funds requested from CPDA of the institute:

11. Advance requested (Advance will be regulated as per norms):

Certified that the information given above is true to the best of my knowledge & I hereby undertake to submit the TA Bills and refund savings if any, to the Institution.

Date: ____________

Signature of the Staff Member

Recommendation of the Chairperson of the Department

Date: ____________

Chairperson's Signature

(for use in the Divisional Chairmen's Office)

Forwarded to the Financial Controller W/e

Approved subject to availability of funds

Not Approved

Date: ____________

Divisional Chairperson's Signature

CC: 1. Concerned Faculty, 2. Assistant Registrar, Unit IA