|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity ID | | |  | | | | |
| Activity Tags (to be filled by TEQIP-III) | | | **Student**  Soft-skills/ technical skills/ employability/ exit exam/ I.I.I./ remedial/ Finishing school/ St.Ex.Pr./ MOOC/induction/ Lab Visit/ EAP/ others-please mention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Faculty and staff**  R&D / FST/ Pedagogy/ start-up/ NBA/ Fa.Ex.Pr./ MOOC /twinning/EAP/ others-please mention | | | | |
| Program Title | | |  | | | | |
| Objectives  (Aligned to TEQIP-III PIP) | | |  | | | | |
| Organizing Dates and Duration | | |  | | | | |
| Venue of the Event | | |  | | | | |
| Type | | |  | | | | |
| Target Participants | | |  | | | | |
| Tentative No. of participants | | |  | | | | |
| Funding Source | | | TEQIP-III | | Others if any | Name and Amount |  |
| Organizing departments | | |  | | | | |
| External Association, Organizing Agency Partner /Person/ Industry | | | Type of Association (Academic/Commercial) | | | | |
| Whether under Twinning from NIT Jalandhar | | | Yes  If yes (Name of Departments) | | | | |
| Coordinators | | |  | | | | |
| Co-Coordinators | | |  | | | | |
| Organizing Committee | | | Attach separate sheet if required | | | | |
| Program abstract inclusive of Benefits of the Program | | | Attach separate sheet if required | | | | |
| Name and affiliations of Resource Persons | | | Attach separate list if required | | | | |
| **Tentative Expenditure Details** | | | | | | | |
| **Experts** | | | | **Arrangements** | | | |
| Honorarium |  | | | Stationery, Printing | |  | |
| Travel |  | | | Banner | |  | |
| Stay |  | | | Proceeding | |  | |
| Hospitality |  | | | Photography | |  | |
| Mementoes |  | | | Postages | |  | |
| Sub-total (A) |  | | | Other consumables | |  | |
|  | | | | Sub-total (B) | |  | |
| **Participants** | | | | **Miscellaneous Expenditures** | | | |
| Hospitality |  | | |  | |  | |
| Registration kit |  | | |  | |  | |
| Stay |  | | | Sub-total (D) | |  | |
| Sub-total (C) |  | | | Total E=(A+B+C+D) | |  | |
| **Resource/Revenue Generation** | | | | | | | |
| Registration Fee |  | | | | | | |
| Sponsorship | |  | | | | | |
| Total (R) | |  | | | | | |
| Net Total (E-R) | |  | | | | | |
| Enclosures (mention page no.) | | | | | | | |
| Profiles of Experts | |  | | | | | |
| Sponsorship proof | |  | | | | | |
| Brochure | |  | | | | | |
| Program schedule (Signed by Principal) | |  | | | | | |
| Registration form | |  | | | | | |
|  | |  | | | | | |
| Coordinators Signatures | |  | | | | | |
| HOD’s recommending comment and signature | | Activity is recommended/ not recommended | | | | | |

Post activity document submission:

1. Certified list of participants (soft and hard copy), college ID for our students is essential
2. List of experts, affiliations, session topic, date and time of sessions (soft and hard copy)
3. Feedback collected in the format provided by EAP committee
4. Attendance of Participants
5. Photographs (soft copy)
6. A report of the complete program having brief details about the proceeding of the sessions along with photographs
7. Distribution list (Mementoes, certificates, registration kits)