## Faculty Development Cell

Amrapali Group of Institutes, Haldwani (Application for attending various faculty development programmes)

Ref No	••••••
(To be filled by Faculty Development Cell	)
Name:	Designation: E-mail:
Department:	Date of Joining: Are you in probation ? (yes/ No)
Name of Workshop/ Conference/	Seminar/Training program to attend:
Organizer of the Event:	Place:
No. of Days required:	From To
In case of paper presentation title	e of the paper: (Please include the acceptance letter)
Is financial assistance required? (	(Yes/No) If yes, please fill the details:
Registration fee (if any):	Other expenses (T. A. only)
(No advance financial assistance	will be provided. Financial assistance sanctioned for the program
will be reimbursed only after sub	mitting the proof of participation and expenditure details)
Date:	Signature of the applicant
Forwarded By Head of Dept. / Co	ourse Coordinator for availability of faculty member:
Remarks (if any)	
•	
	Head of Dept./Course Coordinator
Forwarded By Coordinator FDP	for eligibility of the faculty member:
Remarks (if any)	
• • • • • • • • • • • • • • • • • • • •	
	Coordinator FDP
Recommended/ Not Recommended	
	•••••
	Director/ Dean
Approved / Not Approved	Director/ Dean
	••••••
Acmains (ii any)	

**CEO/ Secretary**