**NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR**

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**APPROVAL FORM FOR REGULAR STUDENTS (FOR PRESENTING PAPER IN INTERNATIONAL (IN INDIA)/NATIONAL CONFERENCES**

**PART A: GENERAL INFORMATION**

1. Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Roll No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. UG/PG/Ph.D.\_\_\_\_\_\_\_\_\_\_\_4. Sem. & Dept.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5.Sex (Male/Female): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6.Category (Gen/OBC/SC/ST):\_\_\_\_\_\_\_\_\_\_7. Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Email id. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Amount requested (In Figs): \_\_\_\_\_\_\_\_\_\_\_\_10. Financial year (1st April to 31st March) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. Last Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B: EVENT INFORMATION**

12. (a) Name of the Conference : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Nature of Conference (International ( In India)/National) :\_\_\_\_\_\_\_\_\_\_\_\_\_( c) Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Dates: From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ (e) Details of Organizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Details of paper: (a) Paper Title, author and co-author details (copy of the manuscript to be attached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Details of financial assistance acquired from other agencies and/or event organizer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Details of expected expenditure:

1. Train Fare by the shortest route (to and from): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Registration Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Per diem Allowance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Expected Expenditure in Rupees (in figures and words):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ensure that I have not received any fund on similar grounds from NIT Raipur in this financial year. I also certify that the details given above are correct and I am a regular student of this Institute. I will present the paper and submit the details and documents of expenditure incurred to NIT Raipur. If the information supplied is found to be incorrect, I will refund the entire money. **I will present the paper along with 4 slides about NIT Raipur.**

**Full Name & Signature of Student**

**Enclosures:**

(a)Apply First time (Current F.Y.) (b) Announcement of the event (c) Copy of accepted paper

(d) Invitation/acceptance letter from the event organizer. (e) NOC from co-author (if any) (f) Undertaking

**Checked by Dean (R&C) office**

Recommended/not recommended Recommended/Not recommended

(**Head of the Department) (Supervisor Name & Signature)**

Approved /Not Approved

**Dean(R&C)**

Note: Approval for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per institute rules/norms.

**Annexure A**

**NO-OBJECTION FROM CO-AUTHOR/s**

(Required only if Co-author/s is/are an employee of NIT Raipur)

I, hereby, declare that I am a co-author of the paper mentioned above and give my consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For attending the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further declare that no claim will be requested on my behalf for the same paper/presentation.

(Signature of the Co-Author/s)

**CERTIFICATE**

With reference to the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| this is certified that |  | | has presented his/her paper and shared event experience | | | |
| in the department before faculty members on | |  | at | | . | |
|  |  |  |  |  |  |  |

**(Head of the Department)**

**Note:** The candidate has to make a presentation in the department to share the conference experiences. A

Certificate to this effect signed by Head of the Department should be submitted at the time of making a claim for the reimbursement of travel support.

**UNDERTAKING**

**(To be submitted with application for Grant)**

I, Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby undertake that I shall present three slides of the institute profile circulated vide circular No./NITRR/DFW/2018/10442, date- 10/08/2018, during presentation of my paper in National/International conference.

Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: Designation\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE**

**(To be submitted with bills (vouchers) Claim)**

I, Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that I have presented three slides of the institute profile circulated vide circular No./NITRR/DFW/2018/10442, date- 10/08/2018, during presentation of my paper in National/International conference.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: Designation\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_