Prof. Rajendra Singh (Rajju Bhaiya) University, Prayagraj
(Uttar Pradesh State University)
(Application for attending FIP/OC/RC/STC/FDP/STTP/Seminar/Conference/Workshop etc.)

Name of the Programme (Applying for):……………………………………………………………………………………………………

1	Name of the Department:	
2	Name of the Faculty:	
3	Designation:	
4	Date of Joining:	
5	Highest Qualification:	

6 Details of Research/Expertise in below format

	Area of Research/Expertise	Experience (No. of Years)	Any recognition/Award in the area of Research/Expertise	No. of Publication in reputed UGC listed/ SCI/Scopus Index Journals	Remark if any
a)					
b)					
c)					

7 Present responsibilities in University/Department

	Nature of responsibilities (Teaching/ Research/Administrative/ Other)	Role/Designation as per University/Department	From (Date)	To (Date)
a)				
b)				
c)				

8	Number of previous trainings, if undergone outside the Institute during last two years (if any)	

9 Details of Previous trainings if applicable in below format

	Nature of Training (FIP/ OC/ RC/ STC/ FDP/ STTP/ Seminar/ Conference/Workshop/ Other Please specify)	Area of training/ Conference	Level (National/ International/ Other)	Duration (No. of Days) & From-to dates	Organization Details where training attended
a)					
b)					
c)					
d)					

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Undertaking by the faculty

I (Dr./Prof./Shri……………………………………………………), hereby undertake that the application for attending above Programme……………….. submitted by undersigned is as per research/teaching/development area/priorities of undersigned, Department & University. I also declare that, after attending the proposed programme, I will present the outcomes/findings in the department via a PPT presentation in front of faculty members of the department and subsequently I will submit the certificate of participation in concerned programme through proper channel. I understand that the claim for TA/DA/others will be reimbursed to undersigned after completion of requirements as stated.

Signature of the Faculty:
Name of the Faculty:
Date:

………..

Forwarding remark by head of the Department

I hereby forward the application for attending above Program/conference of Faculty Dr./Prof./Shri……………………………………………………………………………..) as this application is as per Objectives / priorities of the Department. His/her workload/Roles/Responsibilities will share by the following:

Work load sharing (One or more faculties):

1. Name of the faculty…………………………………………………….work load……………………………………………….

2. Name of the faculty…………………………………………………….work load………………………………………………

Signature:
Name of Head of the department:
Date:

Signature
Dean of concerned faculty

Signature
Registrar

Vice-Chancellor