**Madanapalle Institute of Technology and Science**

**Technical Education Quality Improvement Program [TEQIP-II]**

**Check List:**

Documents to be uploaded for conducting In-house Program

1. Application from respective department
2. Filled up Format
3. Program details
4. CV of experts
5. Detail Budget
6. Link with IDP & TNA of participants
7. Specific outcome & reference with IDP
8. Consent from experts
9. Proceedings of the principal to the programme Co-ordinator with regard to conduct of workshop/Conference, ETC.
10. Brief report on workshop which covers, targeted group, no.of participants, outcome, feed back from the participants, expenditure incurred from programme etc.
11. 3 to 5 photos pertaining to the programme
12. Receipt and payments account to be maintained by the institution for the programme
13. Attendance of the participants.
14. Checklist along with original bills.
15. Maintenance of the feed back register of the participants attended the workshop/Conference
16. Declaration from participants and Principal
17. Schedule
18. brochure

**Madanapalle Institute of Technology & Science**

**UGC Autonomous**

**Approved by AICTE, New Delhi and Affiliated to JNTUA, Anantapuram**

**P.B.No.14, Angallu, Madanapalle-517325.Chittoor Dist. Andhra Pradesh**

[**www.mits.ac.in**](http://www.mits.ac.in) **Phone 08571-280255, 280706 Fax: 08571-280433**

**Department of**

**Date:**

**Submitted to the Principal**

**Sub: Seeking permission for conducting\_\_\_\_\_\_\_\_\_ -Req-Reg.**

**Enclosures:-**

1. **Budget**

**[Convener]**

**Forwarded by the H.O.D Principal**

**TEQIP Coordinator Finance Nodal Officer [TEQIP-II]**

 **Madanapalle Institute of Technology & Science**

**Technical Education Quality Improvement program (TEQIP-II)**

**SEMINARS/WORKSHOPS/SHORT TERM COURSE/FDP/QIP**

|  |  |  |
| --- | --- | --- |
| **S.NO.** | **PARTICULARS** | **REMARKS** |
| 1 | Title of the event |  |
| 2 | Organized by |  |
| 3 | Schedule of the event |  |
| 4 | Total Budget with Break-ups |  |
| 5 | Advance Taken (if any) |  |
| 6 | Objectives |  |
| 7 | Specific linkage with Project outcomes |  |
| 8 | No. of Total participants |  |
| 9 | NO.of Experts |  |
| 10 | CV and consent form the experts |  |
| Budgeted Expenditure **Rs** ………………………………………. | | |
| Advance Taken of **Rs** ……………………………………… on\_\_\_\_/\_\_\_\_/\_\_\_\_ vide Cheque No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated. \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | |
| Amount to be adjusted/ refunded **Rs** …………………………….. | | |

**Head of the Department Principal**

**TEQIP Coordinator Nodal Officer-Finance**

Madanapalle Institute of Technology and Science

Technical Education Quality Improvement program (TEQIP-II)

Statement of Budgeted Expenditure for

**FOR IN-HOUSE Conferences/ SEMINARS/WORKSHOPS/SHORT TERM COURSE/FDP/QIP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.no | Particulars | Break-ups | | Amount |
| 1 | Honorarium to Experts | | | |
|  | Name of the Experts | Days | Amount |  |
| A |  |  | |
|  |  | Total | |  |
| 2 | Travelling allowances to Experts |  | |  |
| a |  |  | |
| b |  |  | |
| c |  |  | |
|  |  | Total | |  |
| 3 | Venue and Logistics arrangement |  | |  |
| a |  |  | |
| b |  |  | |
|  |  |  | |
|  |  | Total | |  |
| 4 | Replication of Printed Training Materials |  | |  |
| a |  |  | |
| b |  |  | |
|  |  | Total | |  |
| 5 | Hospitality to participants and Delegates |  | |  |
| a |  |  | |
| b |  |  | |
| c |  |  | |
|  |  | Total | |  |

Madanapalle Institute of Technology and Science

Technical Education Quality Improvement program (TEQIP-II)

Statement of Budgeted Expenditure for

**FOR IN-HOUSE Conferences/ SEMINARS/WORKSHOPS/SHORT TERM COURSE/FDP/QIP**

**From To**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no** | **Name of the Firm** | **Bill no. With Date** | **Amount** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |
| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |
| **19** |  |  |  |
| **20** |  |  |  |
|  |  | **Total** |  |

**Note: Enclose the copies of the Bills/Vouchers**

**This is to certify that the material procured in the above bills are completely utilized for the conduct of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [workshop/Conference ETC..,]**

**Programme Coordinator**



Madanapalle Institute of Technology and Science

Technical Education Quality Improvement program (TEQIP-II)

**IN-HOUSE Conferences/ SEMINARS/WORKSHOPS/SHORT TERM COURSE/FDP/QIP**

**Receipts and Payments Account**

**Title of Programme/Seminar/ Workshop:**

**Date of Conduct:**

**Name of the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.no** | **Receipts** | **Amount** | **Payments** | **Amount** |
| 1 | Registration Fee |  | Printing and Stationery |  |
| 2 | Sponsorship from Industries |  | Banners |  |
| 3 | Co-Sponsorship |  | Bouquets and Memento |  |
| 4 | Advertisement(if brochure/Souvenir is released) |  | TA,DA for the guest lecturers(other than TEQIP institutions) |  |
| 5 | Amount received from exhibition stalls |  | Transportation |  |
| 6 | Platinum/Gold/Silver Sponsorship |  | File Folders/Kit Bags |  |
| 7 | Breakfast/Lunch/Dinner sponsorship |  | Postage Charges |  |
| 8 | Donations |  | Notepads, file and Other expenditure |  |
| 9 | Any Other receipts |  | Honorarium to guest Faculty |  |
| 10 | TEQIP Funds |  | Other Logistic arrangements |  |
|  |  |  | Misc. Expenditure (3 to 5 Photos) ETC.., |  |
|  | Total Receipts |  | Total Payments |  |

**Program Coordinator Principal**

**TEQIP Coordinator**

**Madanapalle Institute of Technology & Science**

**Technical Education Quality Improvement program (TEQIP-II)**

**SEMINARS/WORKSHOPS/SHORT TERM COURSE/FDP/QIP**

**Name of the Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List of participant’s for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: To:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.no** | **Name of the participant** | **Designation**  **Institute/Industry/Others** | **Email-ID**  **Mobile no** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Programme Co-ordinator TEQIP Co-ordinator Principal**