

**Continuing Education Programme
NIT DURGAPUR**

For CEP use only

Course ID : CEP/TEQIP III/STC/WS/Conf./_____/_____/_____
Year Deptt. Serial No

Proposal for Short Term Course

1. Title of Course/WS/Conference: _____

2 a). Principal Coordinator/Chairman: _____ EC _____

(b). Co – coordinator/Organizing Secretary: _____ EC _____

3. Department / Centre : _____

4. Duration of Course : From _____ to _____

5. Brief of the Programme : Documents to be attached

6. Continuing Education Units the course will carry: _____
One CEU is associated with 10 hours of instruction, 5 hours of in-class assignment and end course examination. Minimum 2 CEUs is required.

7. Expected number of participants: _____

8. Venue : _____
(if off-campus , give details on a separate page)

9. Source of Funds: Sponsored
(Copies if relevant correspondence and financial approval enclosed)

To be received through course fee
(Draft announcement or brochure enclosed)

10. For out station courses only (off campus): Station leaving permission requested for the following teachers. (The absence from Institute will be treated as On Duty)

<u>Name of Teacher</u>	<u>Deptt./Centre</u>	<u>Period of absence</u>
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11. Number of beds needed in Institute Guest House: -----

12. Estimated Budget: (All numbers will be adjusted at the end of the course on proportionate basis to match the gross receipts. In sponsored courses (e.g. QIP) please mail separate columns for the sponsored and general components. The CE

overhead is 20% of gross receipts except for outstation courses where it 30%.
There is no CEP overhead on QIP, ISTE, GIAN and such type of courses.)

Receipts	Rupees	Expenditure	Rupees
1. From Sponsor : (Enclose copy of financial sanction)		1. CEP overhead	
2. From Participants (Course fee per Participants Rs _____ x Number of Participants)		2. Coordinator's fee (<10%)	
		3. Remuneration to faculty & staff members	
		4. Course materials, travel and other expenses	
		5. Board, lodging & travel of participants and resource persons	
		6. Payment to Deptt. for laboratory facilities	
Total		Total	

13. Departmental facilities required: _____

Laboratories/equipment/consumables) _____

14. Special Request (if any): _____
(e.g. Travel by coordinator etc.)

Date:

Signature
(Co-ordinator/Organizing Secretary)

Department facilities requested will be provided.
Personnel of the Department/Centre are permitted
to assist the Co-ordinator/Organizing Secretary in
conducting the course on payment of mutually agreed
remuneration

Date:

Signature
(Head, Deptt/Centre _____)

The proposal has been examined and is put up for consideration of Chairman (CEC).

Special points: _____
(if any)

CEC Office

The proposal is approved.

Chairman (CEC)

**(Director's approval is to be obtained for all off-campus course and on-campus courses
with gross budget exceeding Rs 2.00 lakhs.)**

Form # NITD/CEC/1/STC/WS/CONF

Continuing Education Programme NIT DURGAPUR

Approval of Short Term Course

Date: _____

The following has been approved by the Competent Authority.

1. Course ID : NITD/ CEP/TEQIPIII/STC/WS/Conf./_____/_____/_____
 2. Title of Course : _____
 3. (a) Principal Coordinator/Chairman : _____ EC _____
(b) Co-coordinator/Organizing Secretary: _____ EC _____
 4. Department/Centre : _____
 5. Duration of Course : From _____ to _____
 6. Name of CEUs : _____
- (One CEU is associated with 10 hours of instruction, 5 hours of in-class assignment and end-Course examination)
7. Venue : _____
 8. Source of Funds : _____
 9. For outstation courses only : _____

Name of Faculty _____ Period of absence

1.

10. Estimated Budget: (All numbers will be adjusted at the end of the course approximately on proportionate basis to match the gross receipts)

Receipts	Rupees	Expenditure	Rupees
1. From Sponsor : (Enclose copy of financial sanction)		1. CEP contribution	
2. From participants (Course fee per par Participants Rs _____ x Number of Participants		2. Coordinator's fee (<10%)	
		3. Remuneration to faculty & staff members	
		4. Course materials, travel and other expenses	
		5. Board, lodging & travel of participants & resource persons	
		6. Payment to Deptt. For Laboratory facilities	
Total		Total	

11. The following facilities have been booked in Institute Guest House vide Register Sl. No. _____

(a) _____ beds From _____ to _____

(b) Class Room (.....) : From _____ to _____

(c) Large Dining Hall From _____ to _____

The coordinators are requested to make other arrangements as needed.

12. An amount of Rs _____ (to be adjusted on proportionate basis to match the gross receipts) will be credited to the operating grant of the _____ Deptt/Centre.

13. The following special request of the coordinator is acceded to:

14. Please prepare certificates in approved format only (Format enclosed). Certificates may be sent to Chairman (CEC) for his signature only putting the signature of course co-ordinator. Please enclose a list of participants along with the certificates to be signed.

15. All course fee must be received in the form of draft /cheque drawn in favour of "CEP NIT Durgapur" and should be deposited in CEC office along with Form # NITD/CEP/ /STC. (No separate account is to be opened by the coordinator)

16. All expenditure including payment of TA/DA has to be made according to Institute rules. Travellers must mention ticket numbers in TA claims.

17. Permission of competent authority is needed for payment of remuneration to any Faculty /Staff members of the Institute.

18. A brief report, a copy of the course notes, the final statement of accounts and the examination grade sheet, list of participants (name and address) are required to be submitted to CEP office within one month of completion of the course.

Chairman (CEC)

TO
Prof. _____
Coordinator
_____ Deptt./Centre

Copy to:
Head _____ Deptt. / Centre

Form # NITD/CEC/1A/STC/WS/CONF

**Continuing Education Programme
NIT DURGAPUR**

Request for Seed Money Loan

1. Course ID : NITD/ CEP/TEQIPIII/STC/WS/Conf./_____/_____/_____
2. Course/Conference Title : _____

3. Co-ordinator(s) : _____ EC _____

4. Department /Centre : _____
5. Course duration : From _____ To _____
6. Amount Requested as Seed Money Loan : Rs. _____

The loan (25-50 % of the budget of the programme) may be adjusted from funds to be deposited against the course or conference. In case the course is cancelled, it may be recovered from future course co-ordinated by me within one year. Otherwise I undertake to refund the amount to CEP from my personal account, unless explicitly exempted by competent authority.

Date:

(Signature)

Forwarded

Course Coordinator

Head _____ Dept/Centre

Seed Money loan is approved from CEP – STC a/c.

(Signature)
Chairman, CE

Bill No-----	Dated-----	Cheque No-----	Dated-----
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**Continuing Education Programme
NIT DURGAPUR**

Settlement of reimbursement of expenditure

1. Course ID : NITD/CEP/TEQIPIII/STC/WS/Conf./ ___ / ___ / _____
2. Course Title : _____

3. Principal Co-ordinator : _____ EC _____
4. Department / Centre : _____
5. Bill no. against which advance was received _____
6. Total advance taken : Rs. _____
(Nil, if no advance taken)
7. Stock register serial number : From.....To.....
covering this adjustment/reimbursement
(Xerox copy of appropriate pages of the
procurement cum stock register enclosed here with).
8. Refund of unspent balance : Rs. _____
(Cheque or Bank deposit slip enclosed)
9. Expenditure details : (a) Course expenditure :Rs. _____
(b) Board/lodging/travel
of participants :Rs. _____
(c) Guest Lecturer :Rs. _____
(d) Refunds :Rs. _____ Total _____
10. Difference to be reimbursed: Rs. _____
(Item 9 – Item 6)

Date:

(Course co-ordinator)

- Encl.: (a) _____ cash memos / receipts.
(b) Xerox copies of the appropriate pages of the procurement cum stock register

Reimbursement of Rs _____ (vide item 10) approved.

Chairman (CEC)

**Continuing Education Programme
NIT DURGAPUR**

**Settlement of Remuneration Paid to Institute Employees
(to be submitted in duplicate)**

1. Course ID : NITD/CEP/TEQIPIII/STC/WS/Conf./___/___/_____
2. Course Title : _____
: _____
3. Principal Co-ordinator : _____ EC _____
4. Department / Centre : _____
5. Duration of the Course : From _____ To _____
6. Bill No. against which advance was received : Rs. _____
7. Amount of advance Received and disbursed (including any amount refunded to CEP) : _____
8. Details of Remuneration paid (See Reverse side)
(Use additional pages if necessary) (Does not include coordinator's fee and fee paid to person from outside NITD)

Certified that the persons mentioned in item (8) have worked for the short term course and have been paid according to the prevailing standards of the Institute and no deduction of income tax has been done by the co-ordinator.

Date:

Course Co-ordinator

To
Chairman (CEC)

Copy of this note is forwarded to Dy. Register (F & A) for his records and deduction of income-tax from the salary of NITD employees.

Chairman (CEC)

Form NITD/CEC/5/STC/WS/CONF

**Details of Remuneration paid :
(Does not include coordinator's fee, and remuneration paid to person from outside NITD)**

Sl.NO	Name	Designation	Deptt/Centre	Emp Code	Amount of Remuneration	Signature (With revenue)
1						
2						
3						
4						
5						
6						
7						
8						
9						

Total number of Persons: _____
(Please use Xerox copy for additional pages.)

Total Amount: Rs. _____

8. Details of Remuneration paid : (Does not include coordinator's fee and payment to persons from NITD)

Sl No	Name	Designation and Address	Amount of Remuneration (Rs.)	Signature (With revenue stamp)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total number of persons:.....
 (Please use Xerox copy for additional pages)

Total Amount: Rs.

<p>Continuing Education Programme NIT DURGAPUR</p>

Request to transfer funds to Departmental Development Fund

- 1. Course ID : NITD/CEP/TEQIPIII/STC/WS/Conf./___ / ___ / _____
- 2. Course Title :-----

- 3. Co-ordinator(s) :

- 4. Department/ Centre :-----
- 5. Duration of the course : From..... To
- 6. Amount of funds to be Transferred to the Operating Grant of Dept./Centre Rs.....

To
 Chairman (CEC)

(Signature)
 Course Coordinator

Copy to: Head Deptt./Centre

Bill No..... date Cheque No..... date.....
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Continuing Education Programme NIT DURGAPUR
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Final Report on Short term course and Payment of Coordinator's fee

1. Course ID : NITD/CEP/TEQIPIII/STC/WS/Conf./___/___/_____
2. Course Title :
- 3(a). Principal Co-ordinator(s) :
- (b) :
4. Department/ Centre :
5. Duration of the course : From..... To
6. Total number of participants :
- (List of participants enclosed)
7. Total Receipts :Rs.....
- (From Course fee: Rs.....) (From Sponsors: Rs.....)
- (From other Source : Rs.....)
8. Expenses:

a) Remuneration to teachers and others	Rs.....
b) Course material, Travel and other expenses	Rs.....
c) Board, Lodging and Travel of participants	Rs.....
d) Payment to departmental operating grant	Rs.....
e) CEP Contribution	Rs.....
Sub Total	Rs.....
f) Coordinators' fee claimed	
a) Principal coordinator	: Rs.....
b) Co-ordinator	: Rs.....
GRAND TOTAL	: Rs.....

- Encl.: a) Procurement cum stock register
 b) List of participants
 c) Copy of course notes

Copy to : Head.....Deptt/Centre (Principal Coordinator)

Payment of coordinator's fee approved.

Chairman (CE)

**Continuing Education Programme
NIT DURGAPUR**

(NITD/CEP/TEQIPIII/STC/WS/Conf.-Receipt of cheque by Coordinator)

Received from the office of Chairman (CEC) a crossed Cheque No.....
dated for an amount of Rs..... (Rupees
.....) drawn on SBI, REC
Durgapur/CANARA Bank in favour of myself (.....) against
bill No..... dated..... as payment in connection with short term
course vide CEP file No.....

Revenue Stamp

Name.....

Date:.....

Department.....

**Continuing Education Programme
NIT DURGAPUR**

(NITD/CEP/TEQIPIII/STC/WS/Conf.-Receipt of cheque by Coordinator)

Received from the office of Chairman (CEC) a crossed Cheque No.....
dated for an amount of Rs..... (Rupees
.....) drawn on SBI, REC
Durgapur/CANARA Bank in favour of myself (.....) against
bill No..... dated..... as payment in connection with short term
course vide CEP file No.....

Revenue Stamp

Name.....

Date:.....

Department.....

National Institute of Technology Durgapur

Continuing Education Programme

Certified that

.....
of

.....
has successfully completed the short term course on

.....

.....
offered by this Institute during

and was awarded grade *in*
the final examination.

Name of Co-ordinator
Name of the Dept.

Name of the Chairman, CEC
Chairman, CEC

National Institute of Technology Durgapur

Continuing Education Programme

Certified that

.....

.....

of

has participated in the short term course/workshop/conference on

.....

.....

offered by this Institute during

at. (Deptt. | & Place).....

**Name of
Co-ordinator)/Chairman/Organizing Secretary**

**Name of the Chairman, CEC
Chairman, CEC**