INDIAN INSTITUTE OF SCIENCE BANGALORE – 560 012		REQUEST FOR APPROVAL FOR CUMULATIVE PROFESSIONAL DEVELOPMENT ALLOWANCE (CPDA) - CONFERENCE

TICK (√) APPROPRIATE COLUMN WHEREEVER APPLICABLE

1. Name (in Capital Letters)	2. Designation	3. Department
4. Employee No.	5. CPDA No.	
6. Whether	(a) Presenting a paper Yes ☐ No ☐	(b) Chairing a Session Yes ☐ No ☐

7. DETAILS FO THE CONFERENCE

(a) Title of the Conference		(b) Organized by
(c) Duration	From To	(d) Place of the Conference
(e) Title of the paper		
(f) Whether accepted (Enclosed copy of acceptance)		

8. FINANCIAL REQUIREMENT

(a) Travel	(b) Living Expenses	(c) Registration Fee	(d) Total
Rs.	Rs.	Rs.	Rs.

9. ASSISTANCE RECEIVED / ANTICIPATED FROM OTHER SOURCES: _____

10. FUNDS REQUIRED FROM CPDA OT THE INSTITUTE:_____

11. ADVANCE REQUESTED (Advance will be regulated as per norms):_____

Certified that the information given above it true to the best of my knowledge & I hereby undertake to submit the TA Bills and refund savings if any, to the Institute.

Date: **Signature of the Staff Member**

Recommendation of the Chairperson of the Department

Date: **Chairperson's Signature**

(FOR USE IN THE DIVISIONAL CHAIRMEN'S OFFICE)

Forwarded to the Financial Controller W/c

Approved subject to availability of funds ☐	Not Approved ☐
Date:	Divisional Chairperson's Signature

Cc: 1. concerned faculty, 2. Assistance Registrar, Unit 1A