



Your Dreams Our Goal
POORNIMA
UNIVERSITY



Member of Association of Indian Universities & Approved by UGC (Govt. of India) under 2(f) & 12(B)

A : APPLICATION FOR PARTICIPATION

Reference: Guideline for participation in conference/ seminar/ workshop/ trainings/ symposia & Membership fees of professional bodies by faculty & staff of Poornima University

Session: 20__ – 20__ Semester : ODD EVEN

Name of Employee: _____ Employee Code: _____

Designation: _____ Date of Joining: _____

Faculty: _____ Department: _____ Mobile number: _____

Poornima Email ID: _____ Activity participating in: _____

Organizing Institution: _____ Department: _____

Address: _____

Pin: _____ Dates: From _____ to _____

Category – **A: Skill & Knowledge Enhancement** **B: Technical** **C: Membership fees**
Participating for 1st time / > one time in a session

Justification for participation explaining relevance to self, department and institution

Documents to be attached: 1. Program Brochure; 2. Copy of notification of activity; 3. Copy of E-Mail communications (acceptance / invitation/Membership) 4. Travel, Lodging & Boarding details 5. Duly filled Membership form

Application submitted under category : _____ (Ex. A.1, B.2)

Registration Fee _____ + Traveling Expense _____ + DA _____ = Total Expenditure _____

Duration of absence from university (in hrs) _____

Signature of Applicant

Recommended by	Reporting Officer	
	Reviewing Officer	
	Pro-President	
Category: _____	Verification by Finance Department	Verified by Registrar
Amount: _____		
Final Approval by President, PU	For Maximum Amount _____ (As per category & grade)	Date, Name & Signature



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POORNIMA UNIVERSITY

E18B

Member of Association of Indian Universities & Approved by UGC (Govt. of India) under 2(f) & 12(B)

B : APPLICATION FOR REIMBURSEMENT

Reference: Guideline for participation in conference/ seminar/ workshop/ trainings/ symposia & Membership fees of professional bodies by faculty & staff of Poornima University

Session: 20__ – 20__ Semester : ODD EVEN

Name of Employee: _____ Employee Code: _____

Designation: _____ Date of Joining: _____

Faculty: _____ Department: _____ Mobile number: _____

Poornima Email ID: _____ Activity participating in: _____

Organizing Institution: _____ Department: _____

Address: _____

Pin: _____ Dates: From _____ to _____

Category – **A: Skill & Knowledge Enhancement** **B: Technical** **C: Membership fees**
Participating for **1st time** / **> one time in a session**

Documents to be attached: **1.** Form E-18A along with Program Brochure, Copy of notification of activity & Copy of E-Mail communications (acceptance / invitation); **2.** Original receipt towards payment of registration fee; **3.** Copy of certificates; **4.** Original travel tickets **5.** Receipt of payment & certificate of Membership

<input type="checkbox"/> YES <input type="checkbox"/> NO Information shared with PIC	Hardcopy of report submitted to Reporting Officer	Information shared with Dean, IQAC
Approval by Pro-President, PU	For Amount _____	Date, Name & Signature (within 10 working days)
Approved for reimbursement by Finance Department	Amount _____ (Double check category & grant)	Date, Name & Signature (within 12 working days)
All documents verified by Registrar	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount to be Reimbursed _____	Date, Name & Signature (within 15 working days)
Final Approval by President, PU	Amount _____	Date, Name & Signature (within 15 working days)