



# SHORT-TERM TRAINING PROGRAMME FOR THE FACULTY OF TECHNICAL INSTITUTIONS



## PROFORMA FOR SENDING PROPOSALS

**Note :** Before filling up the Proforma, please read carefully the rules and conditions listed in the Notification

**Sponsored by All India Council for Technical Education, New Delhi**  
**Organised by Indian Society for Technical Education, New Delhi**  
**(To be filled in by The Coordinator)**

1.	Name and Address of the Institution with Pin code	Address:	
		Pin Code :	Phone:
		Fax :	Email:
2.	Proposed topic (refer the website of ISTE <a href="http://www.isteonline.in">www.isteonline.in</a> )		
3.	Title of the Programme ( <i>This should convey the content or main thrust of the programme</i> )		
4.	Proposed date of the programme	From.....To..... <b>Note : It is advisable to commence programme on MONDAY</b>	
5.	NBA accredited status		
6.	The Programme is intended for (Tick one only)	<input type="checkbox"/> Faculty of Degree level institutions including University Departments <input type="checkbox"/> Faculty of Diploma level institutions <input type="checkbox"/> Faculty of both type of Institutions <b>Note : Candidates from industry are also permitted.</b>	
7.	Details of the Coordinator		
-	Name		
-	Exact Designation	Date of Joining :	
-	Appointment Type	Scale of Pay :	
-	Department	Qualifications UG_____ PG_____ Ph.D. : Yes/No	
-	Experience in years	Teaching_____ Industry_____ Research_____	

-	ISTE Membership details		
-	Paper Published	Journals : National_____International_____	
		Conferences/Seminars/Workshops: National_____International_____	
-	Programme Organised	Conferences _____ Seminars_____	
		Workshops_____STTPs_____	
-	Any other information		
-	Mobile Number		Email :
-	Signature of the Coordinator		
8.	Details of the Co-Coordinator		
-	Name		
-	Exact Designation		Date of Joining :
-	Appointment Type		Scale of Pay :
-	Department		Qualifications UG_____PG_____Ph.D. : Yes/No
-	Experience in years	Teaching_____ Industry_____ Research_____	
-	ISTE Membership details		
-	Paper Published	Journals : National_____International_____	
		Conferences/Seminars/Workshops: National_____International_____	
-	Programme Organised	Conferences _____ Seminars_____	
		Workshops_____STTPs_____	
-	Any other information		
-	Mobile Number		Email :
-	Signature of the Co-Coordinator		

9.	Name and Address of the Officer to whom grant should be made. <i>(If it is Coordinator, write his name only. Otherwise give name and address)</i>				
10.	Profile of Collaborating/ Participating Industry or other organization/s, if any.				
Name	Address	Website	Contact person, designation, email	Roles in collaboration/ participating	Financial commitment in Rs.
11.	Budget Estimate	1. Boarding & Lodging : Rs. 2. TA/DA : Rs. 3. Books & Consumables : Rs. 4. Honorarium to Coordinator, Faculty and Supporting staff : Rs. 5. Printing, Stationery, etc. : Rs. Total financial support needed : Rs.			
12.	Do you have enough expertise within your institution and neighbouring places to offer the course satisfactorily? If NO, list the names and addresses of outside faculty needed and the anticipated expenditure towards their TA/DA.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13.	No. of STTPs conducted in the past by the Institution	<u>Department</u>		<u>Year</u>	

**COURSE DETAILS FOR TWO WEEKS TRAINING PROGRAMME**

14.	Significance & Objectives of the programme ( <i>list 3 to 5 major objectives in space opposite</i> )	1.  2.  3.  4.  5.
15.	Course Content/Coverage ( <i>List 5 to 8 major topics with proposed duration of coverage in hours for each topic</i> )	1.  2.  3.  4.  5.  6.  7.  8.
16.	Who designed the course content? ( <i>List the persons involved including those from outside the institution</i> )	



21.	Audio visual facilities available ( <i>Tick relevant ones</i> )	<input type="checkbox"/> Over Head Projector <input type="checkbox"/> Slide Projector <input type="checkbox"/> 16/35 mm film Projector <input type="checkbox"/> Video System <input type="checkbox"/> Others (specify)
22.	Details of Boarding & Lodging arrangement ( <i>Tick appropriate ones</i> )	ROOMS <input type="checkbox"/> Within the institution AVAILABILITY <input type="checkbox"/> Outside the institution  BOARDING <input type="checkbox"/> Hostel mess <input type="checkbox"/> Institute canteen <input type="checkbox"/> Special mess arranged <input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-vegetarian
23.	If your institution is an Institutional Member of ISTE, please indicate the Membership Number	

I certify that the details given above are correct to the best of my knowledge and belief and I will organize the programme satisfactorily if approved. I also promise that I will close and submit the Audited Statement of the accounts of the course within 30 days of completion of the STTP.

Place :

Signature of  
Coordinator  
with Name

Date :

Signature of  
Co-Coordinator  
with Name

I agree to provide all necessary assistance and facilities of the institute for the conduct of the above programme. In case the proposal is approved and the funds are not available from ISTE/AICTE in time, our institution will provide fund as temporary loan to the Co-ordinator.

Place :

Signature

Date :

Name & Address of  
Head of Institution