



**GTU SPONSORED ISTE APPROVED
FACULTY DEVELOPMENT PROGRAM (FDP)**
(USE ONLY CAPITAL LETTERS FOR PROVIDING DETAILS)



Name of Proposed Program	
A. Institute* Details for the Program (*Institute must be GTU affiliated.)	
GTU College Code(Mandatory)	
Name of Institute	
Address (Full postal address)	
ISTE Institutional Membership Number (Mandatory) Year of Induction	
ISTE Faculty Chapter Number (Mandatory) Name, mobile number and email of Faculty Chapter Chairman	
ISTE Student Chapter Number Name, mobile number and email of Student Chapter Chairman	
Institute Email ID	
Principal Email ID	
Principal Mobile number and Contact number	
Telephone number (/s) with STD code	
Reference of Extension of Affiliation letter by GTU for the current academic year with date	
Numbers of FDP/STTP/Seminar/Workshops conducted in the years 2016-17 & 2017-18 (self-financing mode)	2016-17 - _____ 2017-18 - _____
Numbers of FDP/STTP/Seminar/Workshops conducted in the years 2016-17 & 2017-18 (with Financial support)	2016-17 - _____ 2017-18 - _____
B. Details of the Coordinator for Program	
GTU Faculty Member ID (Mandatory)	
Name of Coordinator	
Faculty/ Department	
Appointment Type (Preference will be given to GTU endorsed staff only)	
Coordinator's mobile number	
Coordinator's email ID	
ISTE Life Membership No. & year of Joining (Mandatory)	

C. Details of the Program			
Title of the proposed programme			
Tentative dates of the programme			
Technical area/Discipline(/s) of the programme			
Branch/Department under which programme is to be conducted. (AICTE approval for course of the department is mandatory)			
D. Credentials of the Coordinator for Program			
PG		PH.D.	
Teaching Experience (in years)		Industrial Experience (in years)	
Research Experience in years		No. of Papers published in National Journals during last 5 years	
No. of Students guided		No. of Membership of the Professional bodies/ Societies	
Awards		Details of awards (Attached as an annexure -)	
State			
National			
No. of Patents registered If Yes, give details		Details of patents (Attached as an annexure -)	
Relevant experience of conducting similar programmes funded by AICTE/ISTE		Details of programs (Attached as an annexure -)	
E. Credentials of the Organising Institute for Program			
Number of years in existence		Years as Accredited institute	
Number of UG programs accredited		Number of PG programs accredited	
Year of Accreditation (UG)		Year of Accreditation (PG)	
F. Credentials of the Organising Department for Program			
Whether the program, under which the proposal is submitted, is accredited by NBA?			
Whether the program, under which the proposal is submitted, is planning accredited by NBA? If yes, for which year?			
G. Credentials of Program			
Objectives & Context (300 words)		(Attached as an annexure -)	
Relevance (200 words)		(Attached as an annexure -)	
Benefits to Faculty members/ participants (250 words)		(Attached as an annexure -)	

Expected Outcome (250 words)	(Attached as an annexure -)
No. and level of participants (150 words)	(Attached as an annexure -)
No. & level of Guest speakers (150 words)	(Attached as an annexure -)
List the names and addresses of outside faculty members /experts to be involved. (Preference should be given to faculty members of from IITs & NITs)	(Attached as an annexure -)
Details of available subject expert faculty members/specialists within the institute (150-200 words)	(Attached as an annexure -)
Do you have any support from any industry for conduction of this programme, if yes, provide details	Yes / No (Attached as an annexure -)
Collaboration with industry/other institutions/departments (indicate name of organization, nature of collaboration and experts involved)	(Attached as an annexure -)
H. Payment details	
Bank Transaction Reference number and details (NEFT/DD)	
Amount (In Figures and words)	
Date	

I _____, herewith undertake that I read all the rules of application for the STTP and fully understand all the rule, I have filled in this application form. The information given by me in my application form is true to the best of my knowledge and belief. If at later stage, it is found that I have furnished wrong information and/or submitted false certificate (s), I am aware that my application stands cancelled and fees paid by me will be forfeited. Further, I will be subject to legal and/or penal action as per the provisions of the law.

Signature:

Name of the coordinator:

Contact Number:

Email id:

Seal and Sign of
The Principal of the Institution

Place:

Date: