



ISTE-BNY Knowledge Enhancement Programme for Faculty and Students



PROFORMA for (Knowledge enhancement program for Faculty and one day workshop for Student) (To be filled in by Coordinator)

Note:

1. These programs are aimed to enhance the knowledge of students/faculty of engineering institutions in emerging technology.
2. The duration of the programs will be one week (working days 6) in online mode.
3. Number of participants not less than **40 nos and not more than 50 for faculty program and min 100 and max 120 for student workshop.**
4. These programs are for **Institutional members of ISTE** only. The institutions should be having the Faculty Chapter and Students Chapter.
5. Funds once released/sanctioned for organizing the particular topic/area of program cannot be utilized for any other programs.
6. Feedback from the participants shall be obtained after the completion of the program and shall be submitted with bills including attendance record.
7. ISTE will charge Rs.1500/- + 18% GST as processing fee. The proposals will be accepted only if institute will pay the processing fee through RTGS/NEFT.
8. Certificate will be issued to the participants only after receiving the proof of attendance and undertaking from the Principal.

(Tick appropriately. Use separate proforma for each program)		
1.1	Institute Details	
(a)	ISTE Institutional Membership Number of your institute	
(b)	Name of the Institute with detailed address including district state and pincode	
(c)	Type of Institute	University / Engg College/ Polytechnic/Pharmacy
(d)	Email id	Institute : Principal :
(f)	Telephone/ mobile Institute Principal	STD Code : Phone no.: Mob
(g)	Whether Institute is accredited If yes give details	Letter No.: Date :
(h)	Number of programmes conducted In recent years (Jan 2023 to till date)	Self-financing: Financing:

(i)	Does your institution have an ISTE Chapter	Yes/No If Yes, Number _____
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1.2	Details of the Coordinator		
(a)	Title of program		
(b)	Name of the Coordinator		
(c)	Department		
(d)	Appointment Type (preference will be given to regular staff only)	Regular	Temporary Adhoc
(e)	Contact Details	Cell No. And WhatsApp No	Email Official and personal
(d)	ISTE Life Membership Number & year of joining	LM _____ Year _____	

1.3	Details of the Program	
(a)	Title of the Program	
(b)	Tentative dates of the Program	From _____ To _____
(c)	Technical area of the Program	
(d)	Department under which Program is to be conducted	

1.4	Credentials of the Coordinator	
(a)	PG	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	Ph.D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	Teaching Experience in years	
(d)	Research Experience in years	
(e)	Industrial Experience in years	
(f)	Papers published in National Journals during last 5 years	
(g)	Papers published in International Journals during last 5 years	
(h)	Number of Ph.D. Students Guided	
(i)	Membership of the Professional/ Learned Bodies/Societies	<input type="checkbox"/> Yes <input type="checkbox"/> No

(j)	Awards If Yes, give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(k)	Number of Patents Registered If Yes, give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(l)	Relevant Experience of conducting/coordinating similar programs funded by AICTE and other funding agencies in past three years If Yes, give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.5 Credential of the Organising Institute			
(a)	Type of Institute : (Whether selected under TEQIP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Number of years in existence		
(c)	Number of courses Accredited in the Institute & Year of Accreditation		
(d)	Status of the institute	Autonomous/non-autonomous	
1.6 Credential of the Organising Department			
(a)	Whether the course under which the proposal is submitted, accredited by NBA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.7 Credentials of Programme			
(a)	Objectives & Context (min 200 words)		
(b)	Relevance (min 150 words)		
(c)	Expected outcome (min 250 words)		

(d)	Industry exposure and relation with industry .	
(f)	Tentative session topics (Atleast 5 for faculty / two for student)	
(g)	Do you have enough expertise within your institute and neighbouring places to offer the course satisfactorily? List the names and addresses of outside faculties who will cooperate you. (preference should be given to faculties from IIT's & NITs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h)	Do you have any support from any industry for conduction of this program, if yes, give details.	
(j)	Collaboration of department with industry/other institutions / departments (indicate name of organization, nature of collaboration and experts involved)	

Declaration:

I/we solemnly confirm and verify that the information mentioned in this proposal is true and correct to the best out knowledge and belief that we will organize the program satisfactorily, if approved. In case, at any point of time it is found that information provided in this proposal is false or incorrect, ISTE will be at liberty to withdraw the grant given to us and we shall be liable to refund the entire amount of grant with interest thereon and also liable for any other action that ISTE may deem fit. We also understand that ISTE may not consider our any future proposal in this circumstance.

I also promise that I will close and submit the Audited Statement of the accounts of the course and other required documents within 15 days of completion of the program.

Place : Signature of Coordinator
Date : with Name

I agree to provide all necessary assistance and facilities of the institute for the conduct of the above program. I also agree that we will abide by the terms & conditions expected for conduct of the program.

Place : Signature of
Date : Name & address of
Head of Institution