Form for submitting Proposals for

☐ Sponsored ☐ Self-financed ☐ Short-Term Course ☐ Workshop ☐ Symposium ☐ Seminar

1. Title: _____________________________________________________________

2. Name of the Organizer(s):___________________________________________

3. Proposed Period(s) : From: _______________ To: _________________

4. Objective: ______________________________________________________________________

5. Likely number of participants:

6. Financial Sources: i) Registration Fee: a) Teachers _________ b) Personnel from Industries/ R&D Organizations ____________
   ii) Funding Agency (ies) ____________________________________________
   iii) Any other: __________________________________________________________________

7. Number of rooms required in Visitors’ Hostel:

8. For Lecture Requirements: Expected no. of participants Date Time
   ☐ Class Rm. near CDTE Office (capacity 60) __________ ______________ __________
   ☐ Conf. Room. near CDTE Office (capacity 40) __________ ______________ __________
   ☐ Seminar Rm. (Small) in PBCEC (capacity 36) __________ ______________ __________
   ☐ Conference Rm. in PBCEC (capacity 20) __________ ______________ __________
   ☐ Seminar Rm. (Big) Main Hall in PBCEC (capacity 64) __________ ______________ __________
   ☐ I. I. T. Outreach Centre at Noida (Sector 62) __________ ______________ __________

9. I understand that overheads at 15% gross receipts is payable to CDTE. (Signature of the Course/Workshop Coordinator with date)

   Forwarded and Recommended
   _________________________________
   (Head of the Department)

10. Recommendation of the Head, CDTE on the availability of rooms in VH

   (i). The required no. of ____ rooms are available and earmarked for the purpose

   (ii). There is only ____ no. of rooms available and the same are earmarked

   May please be approved
   _________________________________
   (Head, CDTE) APPROVED

   DIRECTOR