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. Date Time
   of participants

   ☐ Class Rm. near CDTE Office (capacity 45) __________ __________ __________
   ☐ Conf. Room. near CDTE Office (capacity 35) __________ __________ __________
   ☐ 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 20% 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

DEPUTY DIRECTOR