


INDIAN INSTITUTE OF SCIENCE BANGALORE - 560012		REQUEST FOR APPROVAL FOR CUMULATIVE PROFESSIONAL DEVELOPMENT ALLOWANCE (CPDA) - CONFERENCES
---	---	--

**TICK (✓) APPROPRIATE COLUMN WHEREVER APPLICABLE**

1. Name (in Capital Letters)	2. Designation	3. Department
4. Employee No.	5. CPDA No.	
6. Whether	(a) Presenting a paper Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) Chairing a Session Yes <input type="checkbox"/> No <input type="checkbox"/>

**7. DETAILS OF THE CONFERENCE**

(a) Title of the Conference		(b) Organized by	
(c) Duration	From	To	(d) Place of the Conference
(e) Title of the paper			
(f) Whether accepted (Enclose copy of acceptance)			

**8. FINANCIAL REQUIREMENT**

(a) Travel	(b) Living Expenses	(c) Registration Fee	(d) Total
Rs.	Rs.	Rs.	Rs.

09. ASSISTANCE RECEIVED / ANTICIPATED FROM OTHER SOURCES: \_\_\_\_\_

10. FUNDS REQUESTED FROM CPDA OF THE INSTITUTE : \_\_\_\_\_

11. ADVANCE REQUESTED (Advance will be regulated as per norms): \_\_\_\_\_

Certified that the information given above is true to the best of my knowledge & I hereby undertake to submit the TA Bills and refund savings if any, to the Institution.

Date : \_\_\_\_\_ Signature of the Staff Member

Recommendation of the Chairperson of the Department	}	
Date :		Chairperson's Signature

**(FOR USE IN THE DIVISIONAL CHAIRMEN'S OFFICE)**

Forwarded to the Financial Controller W/c

Approved subject to availability of funds	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>
Date :	Divisional Chairperson's Signature		

CC: 1. Concerned Faculty, 2. Assistant Registrar, Unit IA