

# INDIAN SOCIETY FOR TECHNICAL EDUCATION



FOUNDED 1968

## SHORT-TERM TRAINING PROGRAMMES (STTPS) (ON SELF-FINANCING BASIS) PROFORMA FOR SENDING PROPOSALS (For Chapters of Indian Society for Technical Education)

**Note :** Before filling up the Proforma, please read carefully the rules and conditions  
**(To be filled in by Coordinator)**

1.	Name and Address of Host Institution with Pin code	Address:   Pin Code :                      Phone: Fax :                              Email:	
2.	Title of the Programme ( <i>This should convey the content &amp; main thrust of the programme</i> )  ( <i>in Capital Letters, please</i> )		
3.	The Programme is intended for (Tick one only)	<input type="checkbox"/> Teachers <input type="checkbox"/> Working Professionals ( Others (specify)	
4.	Name, Designation and Address of the Course Coordinator(s)  (One Coordinator preferred. More than two not permissible)	1.	2.
-	Telephone, Mobile & Email of the Coordinator(s)		
-	Highest Qualification of Coordinator(s)		
-	Area of Specialisation		

-	Teaching Experience (years)		
-	Industry Experience (years)		
-	Number of papers published		
-	Number of Short-Term Courses of Summer/Winter Schools attended		
-	Number of Short-Term Courses of Summer/Winter Schools conducted earlier		
5.	Specialisation area for which the proposal is made (tick one only)	<input type="checkbox"/> Civil <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Electronics <input type="checkbox"/> Computer Science <input type="checkbox"/> Pharmacy <input type="checkbox"/> Architecture <input type="checkbox"/> Management <input type="checkbox"/> Hotel Management	<input type="checkbox"/> Basic Sciences (Specify subject) <input type="checkbox"/> Interdisciplinary (Specify areas covered) <input type="checkbox"/> Others (specify)
6.	The course is basically (Tick one only)	<input type="checkbox"/> Subject updating course <input type="checkbox"/> Special course on Emerging areas <input type="checkbox"/> Pedagogy <input type="checkbox"/> Other (Specify)	
7.	Whether the proposal covers any of the categories indicated (Tick one only)	<input type="checkbox"/> Industry-based programmes with substantial involvement of industry and its experts <input type="checkbox"/> Education Technology/Methodology of teaching <input type="checkbox"/> Training for technical supporting staff <input type="checkbox"/> Emerging Area <input type="checkbox"/> Others (specify)	
8.	Duration of the programme (Tick one only)	<input type="checkbox"/> One week (minimum 5 working days) <input type="checkbox"/> Two weeks (minimum 10 working days) <input type="checkbox"/> Three weeks (minimum 15 working days) <input type="checkbox"/> Four weeks (minimum 20 working days)	



9.	Proposed dates for the Programme (specify dates) which may be changed later, if required	From.....To..... Note : It is advisable to commence programme on MONDAY
10	Do you have enough expertise within your institute and neighbouring places to offer the course satisfactorily? If NO, list the names and addresses of outside faculty needed. At least one faculty from IITs or NIITs	<input type="checkbox"/> Yes ( No Name of faculty from IITs/NIITs Faculty from other institutes 1. 1. 2. 2. 3. 3. 4. 4.

### COURSE DETAILS

1.	Significance & Objectives of the programme ( <i>list one or two major objectives</i> )	1. 2.																											
2.	Course Content/Coverage ( <i>List 5 to 8 major topics with proposed duration of coverage in hours for each topic</i> )	<table border="1"> <thead> <tr> <th data-bbox="696 972 743 1014"></th> <th data-bbox="805 982 886 1014">Topic</th> <th data-bbox="1081 982 1211 1014">Duration</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td></tr> <tr><td>8.</td><td></td><td></td></tr> </tbody> </table>		Topic	Duration	1.			2.			3.			4.			5.			6.			7.			8.		
	Topic	Duration																											
1.																													
2.																													
3.																													
4.																													
5.																													
6.																													
7.																													
8.																													
3.	Course Schedule	Total working days = Lecture = hrs. Laboratory/Practical = hrs. Industrial/Field Visits = hrs. Others (specify) = hrs. Total hours engaged = ----- hrs.																											
4.	Details of special equipment or laboratory facilities available for the course																												
5.	Collaboration with industry/ other institutions/ departments ( <i>indicate name of organization, nature of collaboration and experts involved</i> )	1. 2.																											

6.	Details of Course Faculty ( <i>List details of faculty</i> )			
Sl. No.	Name & Designation	Institute	Highest Qualification	Field of Interest/specialisation
7.	Audio visual facilities available ( <i>Tick relevant ones</i> )		<input type="checkbox"/> Over Head Projector <input type="checkbox"/> Slide Projector <input type="checkbox"/> 16/35 mm film Projector <input type="checkbox"/> Video System <input type="checkbox"/> Others (specify)	
8.	ISTE Institutional Membership No. of your Institute			
9.	Does your institution have an ISTE Chapter (a) If no, will it make minimum 25 members of ISTE		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the details given above are correct to the best of my knowledge and belief and I will organize the programme satisfactorily if approved. I also promise that I will abide by the terms and conditions contained in the ISTE Proceedings and submit the Final Report with Processing and operational expense to ISTE within 15 days after completion of the Programme. The DD of the proposal fee in favour of ISTE payable at Delhi is enclosed herewith.

Place :

Signature of  
Coordinator  
with Name

Date :

I agree to provide all necessary assistance and facilities of the institute for the conduct of the above programme.

Place :

Signature of  
Principal/Director  
with Name

Date :