SHORT-TERM TRAINING PROGRAMME
FOR THE FACULTY OF TECHNICAL INSTITUTIONS

PROFORMA FOR SENDING PROPOSALS

Note : Before filling up the Proforma, please read carefully the rules and conditions listed in the Notification

Sponsored by All India Council for Technical Education, New Delhi
Organised by Indian Society for Technical Education, New Delhi
(To be filled in by The Coordinator)

1.	Name and Address of the Institution with Pin code	Address: Pin Code : Phone: Fax : Email:
2.	Proposed topic (refer the website of ISTE www.isteonline.in)	
3.	Title of the Programme (*This should convey the content or main thrust of the programme*)	
4.	Proposed date of the programme	From………………………………..To…………………………………………… **Note** : *It is advisable to commence programme on MONDAY*
5.	NBA accredited status	
6.	The Programme is intended for (Tick one only)	☐ Faculty of Degree level institutions including University Departments ☐ Faculty of Diploma level institutions ☐ Faculty of both type of Institutions **Note :** Candidates from industry are also permitted.

7.	Details of the Coordinator		
-	Name		
-	Exact Designation		Date of Joining :
-	Appointment Type		Scale of Pay :
-	Department		Qualifications UG_____PG_____Ph.D. : Yes/No
-	Experience in years	Teaching_____ Industry_____Research_____		

-	ISTE Membership details	
-	Paper Published	Journals : National_____International_____ Conferences/Seminars/Workshops: National_____International_____
-	Programme Organised	Conferences _____Seminars_____ Workshops_____STTPs_____
-	Any other information	
-	Mobile Number	Email :
-	Signature of the Coordinator	

8.	Details of the Co-Coordinator		
-	Name		
-	Exact Designation		Date of Joining :
-	Appointment Type		Scale of Pay :
-	Department		Qualifications UG_____PG_____Ph.D. : Yes/No
-	Experience in years	Teaching_____ Industry_____Research_____	
-	ISTE Membership details		
-	Paper Published	Journals : National_____International_____ Conferences/Seminars/Workshops: National_____International_____	
-	Programme Organised	Conferences _____Seminars_____ Workshops_____STTPs_____	
-	Any other information		
-	Mobile Number		Email :
-	Signature of the Co-Coordinator		

9.	Name and Address of the Officer to whom grant should be made. *(If it is Coordinator, write his name only. Otherwise give name and address)*					
10.	Profile of Collaborating/ Participating Industry or other organization/s, if any.					
Name		Address	Website	Contact person, designation, email	Roles in collaboration/ participating	Financial commitment in Rs.

11.	Budget Estimate	1. Boarding & Lodging :
		2. TA/DA :
		3. Honorarium to invited experts, coordinator and supporting staff :
		4. Field Trip :
		5. Miscellaneous such as printing, stationery, consumables etc. : ---------------------
		Total financial support needed : ---------------------

12.	Do you have enough expertise within your institution and neighbouring places to offer the course satisfactorily? If NO, list the names and addresses of outside faculty needed and the anticipated expenditure towards their TA/DA.	☐ Yes ☐ No
13.	No. of STTPs conducted in the past by the Institution	**Department** **Year**

COURSE DETAILS FOR TWO WEEKS TRAINING PROGRAMME		
14.	Significance & Objectives of the programme *(list 3 to 5 major objectives in space opposite)*	1. 2. 3. 4. 5.
15.	Course Content/Coverage (*List 5 to 8 major topics with proposed duration of coverage in hours for each topic)*	1. 2. 3. 4. 5. 6. 7. 8.
16.	Who designed the course content? *(List the persons involved including those from outside the institution)*	

17.	Course Schedule	Total working days =
		
		Lecture : Local faculty = hrs.
		            Guest faculty = hrs.
		Laboratory/Practical = hrs.
		Industrial/Field Visits = hrs.
		Group/Panel discussions = hrs.
		Others (specify) = hrs.
		                          ------------- 	
		Total hours engaged = hrs.
		                          ------------- 	

18.	Details of special equipment or laboratory facilities available for the course	
19.	Collaboration with industry/ other institutions/ departments (*indicate name of organization, nature of collaboration and experts involved*)	1. 2.
20.	Details of Course Faculty (*Details of 5 to 8 eminent faculty in the field may be given*) **Note :** *Separate sheet may be used, if necessary*	

Sl. No.	Name & Designation (Give address also in case of external faculty)	Highest Qualification	Field of Interest/specialisation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

21.	Audio visual facilities available (*Tick relevant ones*)	☐ Over Head Projector ☐ Slide Projector ☐ 16/35 mm film Projector ☐ Video System ☐ Others (specify)
22.	Details of Boarding & Lodging arrangement *(Tick appropriate ones)*	ROOMS AVAILABILITY ☐ Within the institution ☐ Outside the institution BOARDING ☐ Hostel mess ☐ Institute canteen ☐ Special mess arranged ☐ Vegetarian ☐ Non-vegetarian
23.	If your institution is an Institutional Member of ISTE, please indicate the Membership Number	

      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 close and submit the Audited Statement of the accounts of the course within 30 days of completion of the STTP.

Place :

Date :

Signature of
Coordinator
with Name

Signature of
Co-Coordinator
with Name

      I agree to provide all necessary assistance and facilities of the institute for the conduct of the above programme. In case the proposal is approved and the funds are not available from ISTE/AICTE in time, our institution will provide fund as temporary loan to the Co-ordinator.

Place :

Signature

Date :

Name & Address of
Head of Institution