FOUNDED 1968

SHORT-TERM TRAINING PROGRAMMES (STTPS)

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 (*This should convey the content & main thrust of the programme*) *(in Capital Letters, please)*		
3.	The Programme is intended for (Tick one only)	☐ Teachers ☐ 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)*	☐ Civil ☐ Mechanical ☐ Electrical ☐ Electronics ☐ Computer Science ☐ Pharmacy ☐ Architecture ☐ Management ☐ Hotel Management	☐ Basic Sciences (Specify subject) ☐ Interdisciplinary (Specify areas covered) ☐ Others (specify)
6.	The course is basically *(Tick one only)*	☐ Subject updating course ☐ Special course on Emerging areas ☐ Pedagogy ☐ Other (Specify)	
7.	Whether the proposal covers any of the categories indicated *(Tick one only)*	☐ Industry-based programmes with substantial involvement of industry and its experts ☐ Education Technology/Methodology of teaching ☐ Training for technical supporting staff ☐ Emerging Area ☐ Others (specify)	
8.	Duration of the programme *(Tick one only)*	☐ One week (minimum 5 working days) ☐ Two weeks (minimum 10 working days) ☐ Three weeks (minimum 15 working days) ☐ 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	☐ Yes Name of faculty from IITs/NIITs 1. 2. 3. 4.		☐ No Faculty from other institutes 1. 2. 3. 4.

COURSE DETAILS

1.	Significance & Objectives of the programme *(list one or two major objectives)*	1. 2.	
2.	Course Content/Coverage (*List 5 to 8 major topics with proposed duration of coverage in hours for each topic*)	**Topic** 1. 2. 3. 4. 5. 6. 7. 8.	**Duration**
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 (*indicate name of organization, nature of collaboration and experts involved*)	1. 2.	

6.	Details of Course Faculty (*List details of faculty*)			
Sl. No.	Name & Designation	Institute	Highest Qualification	Field of Interest/specialisation

7.	Audio visual facilities available (*Tick relevant ones*)	☐ Over Head Projector ☐ Slide Projector ☐ 16/35 mm film Projector ☐ Video System ☐ 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	☐ Yes ☐ No ☐ Yes ☐ 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.

Place :   Signature of
                                                       Coordinator
Date :   with Name

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

Place :   Signature of
                                                       Principal/Director
Date :   with Name