

PROPOSAL FOR CONDUCTING SHORT-TERM TRAINING PROGRAMMES FOR TEACHERS OF ENGINEERING COLLEGES

SPONSORED BY DIRECTOR OF TECHNICAL EDUCATION

DURING THE YEAR 2010-2011

1	Name and Address of Host Institution with Pin code	Address: Pin Code: Phone: Fax: Email :
2	Organising Department	
3	Title of the Programme (This should convey or main thrust of the programme)	
4	Duration of the programme	
5	Name, Designation and Address of the Course Coordinator	
a	Highest Qualification	
b	Teaching Experience (yrs)	
c	Industry Experience (yrs)	
d	Number of papers published	
e	No. of Short-Term Courses already conducted	
f	No. of courses already co-coordinated	

6	Name and designation of the co-coordinator(s)	
7	Type of program (tick any one)	a) Subject upgradation in a specific topic b) Familiarisation of new equipment/Lab/software c) Familiarisation of general purpose tools d) Familiarisation of ICT / Web assisted learning e) Induction training/ Pedagogical training f) Communication skills g) Creative approaches in teaching/learning h) Administration/Institutional management i) Others specify
8	Proposed dates for the Programme	From : To :
9	Budget Estimate	1) Honorarium to faculty : 2) TA/DA to external Faculty & participants : 3) Honorarium to Coordinators and supporting staff : 4) Course Kit : 5) Course materials (Hard & soft copy) : 6) Printing , Stationary etc : 7) Light Refreshment & Lunch : 8) Preparation of Teaching aids : 9) Consumables : 10) Contingency :
		Total :

10. Course Details

a	Significance and Objectives of the programme	1) 2) 3) 4) 5)																								
b	Course Content / Coverage (List major topics with required duration in hour for each)	1) 2) 3) 4) 5) 6) 7) 8)																								
c	Course Schedule	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Lectures</td> <td style="width: 5%; text-align: center;">:</td> <td style="width: 35%; text-align: right;">Hrs</td> </tr> <tr> <td>Lab / Practical</td> <td style="text-align: center;">:</td> <td style="text-align: right;">Hrs</td> </tr> <tr> <td>Industrial / Field visit</td> <td style="text-align: center;">:</td> <td style="text-align: right;">Hrs</td> </tr> <tr> <td>Others (specify)</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">1)</td> <td style="text-align: center;">:</td> <td style="text-align: right;">Hrs</td> </tr> <tr> <td style="padding-left: 40px;">2)</td> <td style="text-align: center;">:</td> <td style="text-align: right;">Hrs</td> </tr> <tr> <td style="padding-left: 40px;">3)</td> <td style="text-align: center;">:</td> <td style="text-align: right;">Hrs</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: center;">:</td> <td style="text-align: right;">Hrs</td> </tr> </table>	Lectures	:	Hrs	Lab / Practical	:	Hrs	Industrial / Field visit	:	Hrs	Others (specify)			1)	:	Hrs	2)	:	Hrs	3)	:	Hrs	Total	:	Hrs
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Others (specify)																										
1)	:	Hrs																								
2)	:	Hrs																								
3)	:	Hrs																								
Total	:	Hrs																								
d	Details of equipment or lab facilities available for the course if any																									
e	Collaboration with industry/ other institutions/ departments (indicate name of institution and experts)																									

11. Details of Course Faculty (List important faculty)

a. Internal Faculty

Sl.no.	Name and Designation	Highest Qualification	Field of Interest / Specialisation

b. External Faculty

Sl.No	Name , Designation and Parent Institution	Highest Qualification	Field of Interest / Specialisation

I /We certify that the details given above are correct to the best of my knowledge and belief and I / we will organize the programme satisfactorily if approved. I / We also promise to close and submit the Audited Statement of the accounts of the course within 3 weeks of completion of the STTP.

Signature of the Coordinator :

Signature of the Co-coordinator(s) :

Place:

Date:

Certificate by The Head of Institution

I agree to provide all necessary assistance for the programme and the facilities of the institution will be spared for the programme. I also assure that the accounts will be settled within 3 weeks of the completion of the programme.

Place:

Date:

Signature, Name and
Designation of Head of Institution