



SHORT TERM TRAINING PROGRAM

FEED BACK FORM

1. AICTE File No. & Date of Offer Letter :

2. Name of the Coordinator :

3. Name and Address of the Institution :

4. Title of the Faculty Development Programme :

5. Dates :

6. Venue :

7. Total No. of participants proposed and actually attended

Proposed Attended

8. No. and date of the offer letter

Letter No.	Date

9. Total amount sanctioned :Rs.

10. No. and date of Sanction letter:

Letter No.	Date	Grant Released

11. Total expenditure incurred in Conducting the Faculty Development Programme: Rs.

12. Grant received from various agencies other than AICTE for this Faculty Development Programme

Sl. No.	Name of Agency	Grant Received
	Total	

13. Details of internal revenue if any generated by the Institution/Department on account of this Programme:

14. Briefly mention about the technological/ academic/or any other benefit generated by conducting this programme with respect to a) the institution, b) the faculty; c) students; d) industry/society.

The programme has dealt with a systematic exposition of topics such as Technological challenges in MMC's and Processing of MMC's, Workability of Composites, FEA of composites, Analysis of Polymer Composite Laminates, Natural Fiber composites, Recent advances in polymer nanocomposites and PMC's for advanced applications. Besides giving a detailed discussion on the basic principles and practices, the program has provided hands on training on developing composite laminates. The participants were taken on an industrial visit where composites are being fabricated.

The course contents have been taught by eminent experts in the field having adequate teaching and research experience. This course will be beneficial to the faculty from Mechanical, production and Metallurgical engineering disciplines as a potential and analytical tool in their research activities.

This institution has envisioned bringing in research excellence to cater to the needs of ever demanding industry and the society as well. This Programme has opened up several avenues for the research enthusiasts working as faculty members. The quality of work which they are about to pursue in future with the knowledge they acquired through this Programme, would certainly reflect on the enhancement of our students community.

This Programme also threw light on the potential areas where there is tremendous opportunity to start an enterprise. The entrepreneurial aspirants can make use of the vital inputs given by the eminent industrialist who were the resource persons on the occasion.

We hope the number of research scholars in our institution will shoot up in the years to come, which is beneficial to our students. The knowledge transfer that has happened on the purposeful occasion would reach the young and budding technocrats is a fact. The Programme not only promotes the research culture in the country but also helps to address the economic hurdles like unemployment. On the whole it has produced fruitful results by motivating the participants of other educational institutions, industries and to our own faculty members.

15. The soft as well as hard copy of the detailed study material/proceedings of the programme must be furnished to the Council.

Name & Signature of Coordinator

**Name & Signature of Head of Institute
with seal**

NAME & ADDRESS OF THE INSTITUTE.....

UTILIZATION CERTIFICATE FOR THE FINANCIAL YEAR.....

Name of the Scheme under which Grant was sanctioned _____
(to be submitted separately for each sanction order)

AICTE File No. :

Name of Co-ordinator :

Dates of the Programme :

Title of the STTP Programme :

Sl. No.	AICTE Sanction Order/Letter No. & Date under which grant was sanctioned	Amount (Rs.)	
1.	_____	_____	Certified that out of the grant-in-aid of Rs. _____ (in words) sanctioned by the AICTE during the financial year _____ in favour of _____ (name of the institute) as per letter mentioned in the margin, Rs. _____ on account of unspent balance of previous year, Rs. _____ on account of other income / receipts, a sum of Rs. _____ has been utilized for the purpose for which it was sanctioned and the balance of Rs. _____ remained unutilized at the end of the year.

Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised: -

- Audited Annual Accounts of the Institute
- Receipt and Payment account
- Periodical Progress Reports.

(1). Name, Signature & Address of the Claimant/Awardee/Coordinator with seal:

2). Signature of Chartered Accountant:

Name of Chartered Accountant:

Membership No:

Rubber stamp:

Full Address:

Date:

(3). Signature of Head of the Institute:

Name & Designation of the Head of Institute:

Rubber stamp:

Full Address:

Date:

(4). Signature of the Finance Officer/Accounts Officer:

Name of the Finance Officer/Accounts Officer:
(If it is Govt./Govt. Aided Institute)

Note:-If it is more than one page, each page must be signed in all annexure



Short Term Training Program (STTP)

FORMAT FOR STATEMENT OF EXPENDITURE

AICTE File No. :

Title of the Programme :

Name of the Coordinator :

<u>Sanction No. and Date</u>	<u>Grant Sanctioned</u>	<u>Details of expenditure Incurred Item wise</u>	<u>Amount Rs. (in each head)</u>	<u>No.of Participants</u>	<u>Duration of the Programme (with dates)</u>
		1. Boarding and lodging to the participants 2. T.A to outstation Participants 3. Honorarium to Course Co-ordinator 1% 4. Reading materials to Participants 5. Honorarium to Resource Persons 20% 6. TA/DA to Resource Persons 7. Working Expenses (reprographic services, services, postage, transport daily wages, tea/coffee etc)			
		Total			
		Grant Received			
		Balance to be Received			

(1) _____
Name and Signature of Coordinator
with Seal

(2) _____
Name and Signature of
Head of Institution with Seal

(3) Signature (with Seal) of the Finance Officer/
Auditor/Accounts Officer
(If it is Govt./Govt. Aided Institute)

(4) Signature of Chartered Accountant:
Name of Chartered Accountant:
Membership No:
Rubber stamp:

Full Address:

Date:

Note:-If it is more than one page, each page must be signed in all annexure

