Dr. Babasaheb Ambedkar Technological University, Lonere

Application for Attending a Training Program / Workshop (for Faculty / Staff / Student)

Under TEQIP-III

Name of the faculty / staff / Student Designation Department Contact No :	
Title of the training program Organizing Institute: Duration Dates of the training program	
What is the objective of attending this program? (Why is it necessary for you to attend this program?)	
State in brief how the outcome of this program will help in achieving the objectives of the self /department/ institution	
Estimated Expenses: Registration Fee TA/DA/etc. Total	Rs. Rs. Rs……..

Signature of Faculty / Staff / Student:

Remarks of HoD:

Remarks of the Academic Coordinator TEQIP-III

Remarks of the Coordinator TEQIP-III

TEQIP III - IPD:

Hon Vice-Chancellor :