Annexure-I

FORMAT FOR SELF-DECLARATION

(under Faculty Development and Training Policy of SVSU)

I, _____, Designation _____and Employee Code _____, Department _____, Shri Vishwakarma Skill University, Haryana, hereby declare and certify that for participation in the programme titled _____ _____ conducted by _____ during the period from _____ to _____:

1. I have not received any financial assistance, sponsorship, grant, reimbursement, registration fee waiver, travel support, boarding, lodging, hospitality, honorarium, or any other financial benefit, either in full or in part, from the organizers, any funding agency, institution, industry, organization, or any other source, except as specifically disclosed below.
2. The information furnished by me is true and correct to the best of my knowledge and belief.
3. In the event of any information being found false, incorrect, or suppressed, I shall be liable for recovery of the financial assistance received from the University and such action as may be deemed appropriate under the applicable rules of the University.

Details of financial assistance/support received from any source, if any:

_____

_____

_____

Place: _____

Date: _____

Signature of Applicant: _____

Name: _____

Designation: _____

Department: _____

Annexure-II

APPLICATION FORM FOR PARTICIPATION / FINANCIAL ASSISTANCE UNDER THE FACULTY DEVELOPMENT AND TRAINING POLICY (FDTP)

(under Faculty Development and Training Policy of SVSU)

(All fields are mandatory unless otherwise specified)

A. PERSONAL INFORMATION

Particulars	Details
Name of Applicant	
Employee ID	
Designation	
Skill Department	
Skill Faculty	
Category (Regular / Contractual / Deputation)	
Date of Joining	
Mobile No.	
Email ID	

B. PROGRAMME DETAILS

Category of Programme (✓):

☐ Faculty Development Programme (FDP)
☐ Seminar
☐ Conference
☐ Workshop
☐ Refresher Course
☐ Orientation Programme
☐ Industry Immersion / OJT
☐ Short-Term Training Programme (STTP)
☐ Certification Programme / Micro-Credential
☐ Executive Education Programme
☐ Leadership Development Programme
☐ Faculty Exchange Programme
☐ Professional Membership
☐ Other (Specify): _____

Particulars	Details
Title of Programme	
Organizing Institution / Agency	
Mode (Online / Offline / Hybrid)	
Location	
Geographical Scope (University / Regional / State / National / International)	
Type of Professional Membership (Annual/Lifetime)	

Duration	From _____ To _____
Total Number of Days	
Brief Description of the Programme (100 words maximum) and the outcome on its completion (use separate sheet if space is not enough)	

C. PURPOSE AND EXPECTED OUTCOMES

1. Relevance of the Programme to Teaching/Research/Skill Development/Industry Engagement:

2. Expected Outcomes and Benefits to the University:

D. FINANCIAL ASSISTANCE DETAILS

Particulars	Amount (₹)
Registration / Course Fee	
Travel Expenses	
Boarding / Lodging	
Visa Charges (if applicable)	
Examination / Certification Fee	
Professional Membership Fee	
Any Other Expenses (Specify)	
Total Estimated Expenditure	

Financial Assistance Required from the University:
☐ Yes ☐ No

Amount Requested (₹): _____

E. ACADEMIC / ADMINISTRATIVE ARRANGEMENTS

Details of alternative arrangements made for teaching, training, examination, administrative, or other assigned responsibilities during the period of absence (separate sheet may be attached with signature):

F. DOCUMENTS ENCLOSED (✓)

☐ Programme Brochure / Invitation Letter

☐ Registration Form / Registration Confirmation

☐ Acceptance Letter (for paper presentation / keynote address / invited talk, if applicable)

☐ Copy of Paper / Abstract / Presentation (where applicable)

☐ Duty / Class Adjustment Plan

☐ Estimated Expenditure Statement

☐ Any Other Relevant Document(s)

G. DECLARATION BY THE APPLICANT

I hereby declare that:

1. The information furnished in this application is true and correct to the best of my knowledge and belief.
2. I have read and understood the provisions of the Faculty Development and Training Policy of Shri Vishwakarma Skill University and agree to abide by the same.
3. I shall submit the prescribed report, certificate(s), and other documents upon completion of the programme.
4. In the event of any information being found false or misleading, the University may reject/cancel my application and take appropriate action as per applicable rules.

Place: _____ Signature of Applicant: _____

Date: _____ Name: _____

Designation: _____

RECOMMENDATIONS AND APPROVALS

Recommendation of Chairperson / Head of Department

Recommended / Not Recommended

Date: _____

Remarks:

Signature: _____

Name: _____

Recommendation of Dean, Skill Faculty

Recommended / Not Recommended

Date: _____

Remarks:

Signature: _____

Name: _____

Recommendation of Dean / Associate Dean (Pedagogy & Capacity Building)

Budget Head

_____

Budget Utilized Till Date (₹)

_____

Budget Available (₹)

_____

Recommended / Not Recommended

Date: _____

Remarks:

Signature: _____

Name: _____

Recommendation of Dean Academics

Recommended / Not Recommended

Date: _____

Remarks:

Signature: _____

Name: _____

Approval of Competent Authority

☐ Approved

Date: _____

☐ Approved with Conditions

Signature: _____

☐ Not Approved

Name: _____

Remarks: