



[FORM-B1]

**ADMINISTRATIVE & FINANCIAL APPROVAL FOR ACQUIRING THE MEMBERSHIP OF
PROFESSIONAL BODIES / SOCIETIES, BOTH NATIONAL AND INTERNATIONAL**

(Up to a maximum of 50% of the CPDA (i.e., Rs.1.5 Lakhs) is admissible for a three years Block period)
(Maximum memberships of three professional bodies/societies from CPDA grant in one year)

Block Period _____

Block Year: _____

Department Name: _____	
File No.: SVNIT/Department*/20_20_/CPDA/Outward No.*	Date: _____

*to be filled by the Department

1. Particulars of the Faculty Member:

1a	Name of the Faculty Member & Designation	:	
1b	Employee Code	:	
1c	Nature of appointment (Regular /Contract)	:	

**2. Administrative and Financial approval to be accorded for acquiring the membership of
following professional bodies / societies**

Sr. No.	Name of professional bodies / societies	Year of Establishment	Type of Body (Govt./Semi Govt./Trust/Any Other)	Category of Membership (Half Yearly / Annual/Life)	Membership Subscription Fees (Rs)	Total Cost (Rs.)
1.						
2.						
3.						
	Total Cost (Rs)					

3. Certificate

I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.

Date __/__/20__

Signature of Applicant _____

(Recommended / Not Recommended)

(It is recommended that the faculty members may / mayn't enroll for membership of the professional bodies / societies).

Comments (If any):

Head of the Department _____

Dean (Faculty Welfare) _____

(For Office Use Only)

- a) Application received on : ____/____/20____
b) From Prof./Dr./Mrs./Ms./Mr. : _____
c) **Particulars of Fund Availability:**

c1	Total ceiling limit for the block period	:	Rs 1,50,000
c2	Total CPDA allocated for the current year	:	Rs
c3	CPDA amount carried over from previous year	:	Rs
c4	Total CPDA fund available for the current year	:	Rs
c5	Present Claim	:	Rs
c6	Claim admissible	:	Rs
c7	Balance available after reimbursement for the current year, i.e. (c4 – c6)	:	Rs
c8	Net CPDA ceiling available during the Block Period, i.e. (c1-c6)	:	Rs

(The information furnished in Sec. 1-2 has been verified as per Office record)

Comments (If any):

Dealing Assistant

Asst. /Deputy Registrar (Accounts)

Registrar

(Approved / Not Approved)

Comments (If any):

Dean (SW)

Director

To : Concerned Faculty Member through Head of Department
Copy to: Asst. /Deputy Registrar (Establishment)