**PROFORMA FOR SHORT TERM COURSE**

Name of the Faculty:

Designation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of Short Term Course** | **From** | **To** | **No. of Weeks** | **Organizing Institute & Remarks** |
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| **Note: Please attach extra sheets (if required) to list down all the STC attended by faculty so far.** |

**Details of Short Term Courses(s) for next Promotion:**

Date of Joining:

Date of Last Promotion:

No. of courses required for next promotion/CAS as per AICTE Recommendations:

No. of courses attended for next promotion/CAS as per AICTE Recommendations:

Deficiency (in no. of weeks of STC required):

Due date of next Promotion:

No. of STC attended in current year (From Jan. to Dec.):

**Details of Short Term Course(s) applied for:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of Short Term Course** | **Schedule** | **Organising Institute/ Deptt.** | **Financial implication if any** | **Arrangement of classes/ Justification, if any** |
|  |  |  |  |  |  |
| **Note: Please apply for one course at a time** |

**Declaration by faculty:** All the information furnished above is true to the best of my knowledge.

**Signature of Applicant**

The course is relevant and required for career growth of the faculty. Alternative arrangement of the teaching has been ensured during STC period. The updated record of all the STC attended by faculty is being maintained at institute by Staff Development Officer (SDO).

**HOD/Branch In-charge of the Institute**

**Staff Development Officer**

Recommended / Not Recommended: ………………………………………

**Signature of the Principal**