



3 Decades • 8 Institutions • 45000 Alumni Worldwide • 12000+ Students • 1200+ Faculty & Staff

# POORNIMA GROUP

Achieving Excellence Together

# E18A

## APPLICATION FOR PARTICIPATION

**Reference: Guideline for participation in conference/ seminar/ workshop/ trainings/ symposia etc. by faculty & staff of Poornima Group**

Session: 20\_\_ – 20\_\_ Semester :  ODD  EVEN

Name of Employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Designation: \_\_\_\_\_ Date of Joining: \_\_\_\_\_

Institute: \_\_\_\_\_ Department: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Poornima Email ID: \_\_\_\_\_@poornima.org Activity participating in: \_\_\_\_\_

Organizing Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Pin: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

**Category –**  **A: Skill & Knowledge Enhancement**  **B: Technical**  
**Participating for**  **1<sup>st</sup> time** /  **> one time in a session**

Justification for participation explaining relevance to self, department and institution

---

---

---

---

Documents to be attached: **1.** Program Brochure; **2.** Copy of notification of activity; **3.** Copy of E-Mail communications (acceptance / invitation) **4.** Travel, Lodging & Boarding details

Registration Fee \_\_\_\_\_ + Traveling Expense \_\_\_\_\_ + DA \_\_\_\_\_ = Total Expenditure \_\_\_\_\_

Duration of absence from college (in hrs) \_\_\_\_\_

Signature of Applicant

Recommended by HOD / Dean / Reporting Officer	Under Category _____ (Ex. A.1, B.2)	Date, Name & Signature
Validation of performance by Registrar	Performance Grade _____ (Ex. P, A, B, C, New)	Date, Name & Signature
Approval by Campus Director	For Maximum Amount _____ (As per category & grade)	Date, Name & Signature



3 Decades • 8 Institutions • 45000 Alumni Worldwide • 12000+ Students • 1200+ Faculty & Staff

# POORNIMA GROUP

Achieving Excellence Together

# E18B

## B : APPLICATION FOR REIMBURSEMENT

**Reference: Guideline for participation in conference/ seminar/ workshop/ trainings/ symposia etc. by faculty & staff of Poornima Group**

Session: 20\_\_ – 20\_\_ Semester :  ODD  EVEN  
 Name of Employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Date of Joining: \_\_\_\_\_  
 Institute: \_\_\_\_\_ Department: \_\_\_\_\_ Mobile number: \_\_\_\_\_  
 Poornima Email ID: \_\_\_\_\_@poornima.org Activity participating in: \_\_\_\_\_  
 Organizing Institution: \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Pin: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

**Category –**  **A: Skill & Knowledge Enhancement**  **B: Technical**  
**Participated for**  **1<sup>st</sup> time** /  **> one time in a session**

Documents to be attached: **1.** Form E-18A along with Program Brochure, Copy of notification of activity & Copy of E-Mail communications (acceptance / invitation); **2.** Original receipt towards payment of registration fee; **3.** Copy of certificates; **4.** Original travel tickets

Hardcopy of report submitted to HOD / Dean / Reporting Officer	submitted on _____	Name & Signature (within 5 working days)
Soft copy of report, certificate, paper & photographs of participation emailed on pic@poornima.org with CC to HOD / Dean / Reporting Officer	submitted on _____	Name & Signature (within 7 working days)
All documents verified by Registrar	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount to be Reimbursed _____ (Double check category & grant)	Date, Name & Signature (within 10 working days)
Final Approval by Campus Director	<b>Amount</b> _____	Date, Name & Signature (within 12 working days)
Verified for reimbursement by Accounts Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO For Amount _____	Date, Name & Signature (within 15 working days)