

CENTRAL UNIVERSITY OF ODISHA

KORAPUT

Application Form for travel Grant Scheme**1 DETAILS OF CANDIDATE WISHING TO AVAIL TRAVEL GRANT**

Name			
Designation		Date of Joining	
Appointment Type	Teacher/ Group-A Officer/ Other Academic staff	Scale of Pay/ Level	
Category	SC/ST/OBC(NCL)/EWS/General		
Minority	Yes/ No (if yes, Specify)		
Department			
Qualification	P.G.	Ph.D.	Post-doc
Experience in years	Teaching	Industry	Research
Other relevant experience	Attach separately as needed		
Other information	Give any other information that will help in accepting/ funding this travel grant		
Mobile number			
Email			

2 DETAILS OF EARLIER TRAVEL GRANTS AWARDED TO THE APPLICANT

(Give details of travel grants received in last three years)

Financing Body & Scheme	Amount sanctioned (Rs.)		Sanction Letter details	Funds Utilization position as on date of application	Utilization certificate details(If any)
	External Source	CUO			

3 DETAILS OF TRAVEL GRANT PROPOSAL

(Give details of travel grant proposal)

a. Technical Field (Broad Area of Research)

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Add rows as required

b. Title of the paper presentation

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Add rows as required

c. Please attach the full document/ paper accepted for the programme

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Add rows as required

One copy of the full text of the document/ paper prepared for presentation at the International programme.

d. Purpose of travel- Conference/ Symposium/ Seminar/ Workshop/ training or any other relevant ongoing academic/ official activities and Role of participant chairing a session/ oral presentation/ any other (specify)

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Add rows as required

Attach relevant document in this regard if any

e. Brief Details of the Organizers

Organizing Institution	
Title of the Programme	
Place and Duration of the Programme	

Add rows if required

A copy of the letter of acceptance/ invitation mentioning details of the financial support offered (if any) from the organizer is to be enclosed

f. Project Impact - Expected outcome

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Add rows if required

g. List of Publications (Indexed in SCOPUS/SCI with University affiliation)

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Add rows if required

Enclose the copies of above - mentioned publications

4. TRAVEL PLAN & DURATIN OF STAY

Date	From	Time	To	Mode of Travel	Stay at

Add rows if required

Include all dates in the first column in chronological order.

5. DETAILS OF OTHER FINANCIAL ASSISTANCE (if any)

Financing body	Address	Website	Contact person, designation, email	Status of application	Financial assistance requested/ accepted in Rs.

Add rows if required

6. DETAILS OF EXPENDITURE AND ASSISTANCE REQUESTED FROM CUO

Head of Expenditure	Expenditure (Rs.)	Assistance from other agencies (Rs.)	Assistance requested from the University (Rs.)
Travel			
Stay/ Accommodation			
Registration fee, if any.			
Total			

Add rows if required

7. By signing the certificate, I/We undertake to

<input checked="" type="checkbox"/>	Abide by all the rules/ regulations regarding utilization of amount that may be granted by the University
<input checked="" type="checkbox"/>	Submit timely programme outcome report to the University
<input checked="" type="checkbox"/>	Submit utilization certificate duly authenticated by HoD/ School Dean/ Section Head
<input checked="" type="checkbox"/>	Rerun full/ partial unutilized grant amount to the University at the earliest.

Declarations:

1. I hereby declare that the particulars stated above are true to the best of my knowledge and belief.
2. I certify that the documents enclosed in support of my claims are genuine and authentic.

SIGNATURE OF THE APPLICANT WITH DATE

No Objection Certificate by Co-author(s)

I/We have no objection to present or publish the research paper entitled

.....
.....
.....

On my/our behalf by Prof./Dr./Mr./Ms

In the International/National conference (Title)

.....
.....held at
.....

I/we had not published or will publish the same research paper in any National or International journal or Book and nor I/We present the same in any other conference/Seminar.

Date:

Full Name, Designation& Signature of Co-author/s

Place:

Address of university/Institute