



Parshvanath Charitable Trust's
A. P. SHAH INSTITUTE OF TECHNOLOGY
(Approved by AICTE New Delhi & Govt. of Maharashtra, Affiliated to University of Mumbai)
(Religious Jain Minority)

Pre-approval Form for Faculty Enablement Programme

Academic year: 20__ - 20__

I Half / II Half

Programme: STTP/FDP/Workshop/Training/Course/Conference/Seminars/Industry visit/Forum meets

Programme Details:

Sr. No.	Course Duration (in days)	Dates	Title	Venue	Fees

Faculty Details:

Name of Faculty : _____

Department : _____

Alternative Arrangement made (Name & Sign) : _____

Scheduled date for Departmental presentation : _____

- Note:** 1. *Faculties are required to submit Participation Certificate, Registration fee Receipt in person to department.*
2. *Faculties are required to give brief technical presentation regarding programme attended.*

Remarks: _____

Signature of Faculty

HOD

Principal