

IILM UNIVERSITY, GREATER NOIDA

FACULTY PROFESSIONAL DEVELOPMENT ACTIVITY APPROVAL FORM

1. FACULTY INFORMATION:

Name: _____ Employee Id. _____

Designation. _____ Department. _____

Email. _____ Contact No. _____

2. EVENT INFORMATION:

Title of the Event. _____

Type of the Event: FDP | Conference | Seminar | Workshop | Viva-voce | Keynote Speaker | Session Chair | Paper Setter |
EC/AC/BoS member | Others.

Organiser _____ **Mode:** On-site | Online | Hybrid

Date of the Event: From to Location _____

3. LEAVE & CLASS ARRANGEMENT:**Type of leave requested:** (Duty/Special Academic Leave/Others)

Leave Date: From to

Substitute Faculty:

Name. _____ Dept. _____ Contact No. _____

Alternate Arrangement:**4. FINANCIAL SUPPORT:**

- Registration fee : _____
- Travel : _____
- Accommodation : _____
- Others : _____

Total Amount Required: _____ External Funding/Sponsorship: _____

5. JUSTIFICATION FOR ATTENDANCE

- **Brief Description & Learning Objectives**
(How will this activity contribute to your teaching, research or service?)

- **Relevance to Department / University Goals**

(Attach event brochure / invitation.)

Signature**Approved by Dean****Approved by VC****Post-Event Report & Certification** (To be completed within 5 working days of return.)**Date of Report Submission:****Participation Certificate Attached:** ☐ Yes ☐ No**Key Learnings & Proposed Applications:**

* Please submit a Report after attending the Event.