



**Visvesvaraya Technological University**  
**TEQIP CELL**

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**Format 1: Faculty and Staff Training:**

For organizing Subject area training programs, Pedagogical trainings, Management development programs, Workshops, Seminars:

1.	Name of the Program Coordinator	
2.	Designation, Department, Name of the College	
3.	Contact Details (Email ID, Mobile No.)	
4.	Title of the Program	
5.	Broad Area of the Program	
6.	Objectives	
7.	Outcomes	
8.	Type of the Program	a. Subject area training program b. Pedagogical trainings c. Management development program d. Workshop e. Seminar f. Any Other
9.	Nature of the Program	a. Exposure or Interaction with Industry b. Teaching Competence c. Research Competence d. Management Skills e. Any Other
10.	Venue of the Program	
11.	Duration of the Program	
12.	Scheduled Dates	
13.	Expected Total Number of Participants	
14.	Deliverables from the Resource Persons	
15.	Deliverables from the Participants	
16.	Expected revenue generated from the Program	
17.	Expected Expenditure of the Program	a. Expenditure towards Food b. Registration kits for participants



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		c. Printing of Brochure and Stationery d. Travel and Remuneration for invited outside experts
Total Expenditure:		

**Program Details:**

Day/Date	Time	Activity	Venue

**Expected Resource Persons:**

Any Other Information:

Signature

Program Coordinator

Signature

Principal