



# ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

Nelson Mandela Marg, Vasant Kunj, New Delhi - 110070.

## Application form for "Support to Students for Participating in Competition Abroad"

### A. Details of the Institute

1. Institutes Permanent ID		
2. Name of the Institute:		
3. Name of Principal:		
4. Address of the Institute:		
5. Contact details of Principal:	E-mail ID:	Mobile No.
6. Approval status (2017-18)		
7. Institute Type (Private/Govt./Govt. aided)		

### B. Team Details

8. Name of the Team:	
9. No. of participants:	
10. Name of the project:	
11. Discipline of the project:	

### C. Details of Team Members

Sl. No.	Student's Name	Course with Yr.	Discipline	Category	Genders	Mob. No.	Email ID	Address

### D. National Level Participation in Competition

Sl. No.	Competition Name	Organizers	Theme	Duration of the Competition	Position held in Competition	Max. Marks	Marks awarded by the Expert
						50	

**E. International Competition Details**

Parameter/ Criteria	Input by Institute	Input by Institute on specialization	Max. Marks	Marks Awarded by the Experts
12. Details of the Competition			10	
13. Role of the Applicant in the Competition			05	
14. Abstract			05	
15. Quality and conformity with stated objective and scope			05	
16. Theme and its relevance			10	
17. Novelty/originality and its impact			10	
18. Possible commercialisation and patentability			05	
<b>Sub Total</b>			50	
<b>Grand Total</b>			100	

**F. Competition details**

19. Name/title of the competition:	
20. Name of the organizers with complete address:	
21. Letter of invitation to contest the event from the Organizer	
22. Name of the country and town where the competition will be held	
23. Duration of the competition (date, month & year)	
24. Details of the proposed Journey (Indicate the complete travel plan)	
25. Registration fee for the Competition	
26. Details of the funding agency and financial assistance, if any give details	
27. Proposed date of joining the College after the competition is over.	
28. Any other information the applicant would like to give in support of the case.	

**G. List of enclosures**

29. Undertaking from Head of the institute	
30. Letter of Invitations/Project acceptance letter	
31. Proposal of the Project	
32. Undertaking of the Parents	
33. Medical Fitness certificate of the team	
34. AICTE approval letter	

**H. Declaration:**

**I certify that**

- (a) The details given above are correct.**
- (b) If the information supplied is found to be incorrect at a later date, I shall reimburse the entire amount to the Council.**
- (c) The amount received will be used for the purpose for which it is requested.**
- (d) In case financial assistance is received from the organizers or any other agency I shall pay back the amount granted by the Council.**
- (e) I shall abide by the decision of the Council.**

**Place:**

**Date:**

**(Signature of the applicant)**

**Certificate by Head of the Institution:**

I certify that:

- (i) The details given by the applicant are correct.**
- (ii) The applicant has not availed the provision in the last 3 years.**
- (iii) The Technical Institution approved by the Council has been declared fit to receive financial assistance under the AICTE Act**
- (iv) The applicant has enclosed all the relevant documents.**
- (v) The information provided in the application is correct.**
- (vi) In case there is any case of false information being provided by the candidate through the Institution, the grant will automatically be considered as cancelled and the Institution shall be penalized.**

**Signature:**

**Name:**

**Designation:**

**Address:**

**Office seal:**

**Date:**

2	<b>Mandate Form (For Institutes / Colleges)</b>
---	---

2.1	Institute Details	
(a)	Name of the Institute	
(b)	Institute Permanent ID No	
(c)	Head of the Institute (Director/Registrar/ Principal)	
(d)	Type of Institution (Govt./Self Finance/Private)	
(e)	Address of Institute	
		PIN
(f)	PAN of the Institute (enclosed the copy)	
(g)	Telephone No. of the Head of the Institute	
(h)	E-Mail id of the Head of the Institute	
(i)	Name of Bank where RTGS amount is to be sent	
(j)	Branch Name	
(k)	Address of the Bank	
		PIN
(l)	Telephone No. of the Bank	
(m)	Name of the A/c holder (Principal/Director/Registrar with Designation )	
(n)	Account Type (Savings Bank/Current Account)	
(o)	Account Number (Full)	
(p)	Banker's IFSC Code	

It is declared that all information we have provided are true in all respect.

Signature of Account holder  
Or authorized Signatory with Seal

Banker's Signature and Seal

Date :  
Place :

Note: (1) All Data needs to be filled mandatorily for facilitating RTGS transfer of the amount against Institute name.  
(2) Name of Institute and Name of Account holder should be same for remitting RTGS.

**UNDERTAKING FROM PARENTS / GUARDIAN  
("Support to Students for Participating in Competition Abroad")**

I Mr./Ms. \_\_\_\_\_ Father /Mother /Legal guardian of Master /Miss  
\_\_\_\_\_ Student of class \_\_\_\_\_ Roll No. \_\_\_\_\_

do hereby undertake and confirm: -

1. That all information/certificates submitted by me/us are true and to the best of my/our knowledge and nothing has been concealed.
2. That I/we hereby accept unambiguously all the terms and conditions of the college and undertake to fully abide by them.
3. That the college authorities shall not be in any way responsible/liable for any damage/expense on account of any loss/injury which may be sustained by the student at any time in the college or while commuting to and from the college or while taking part in sports, during excursion, during sight-seeing, or any other extra-curricular activities, or due to accident or natural calamity or on account of any other reason whatsoever causing directly or indirectly loss/injury.
4. That I/we hereby undertake that in case of expulsion of child due to disciplinary action, misconduct or other grounds, I/we shall not claim refund/compensation of the fact that child has attended the college for the full session or not. The decision of the college authorities shall be final and binding in this regard.
5. That during the stay of the child in the college if he/she is sent home owing to medical reasons, then the college holds no responsibility.

That the above undertaking is voluntary and with our free will and consent.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signature of parents**

**MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE EVENTS**  
**(Please use BLOCK LETTERS only)**

Doctor of Medicine, MD (Name, Surname) :

\_\_\_\_\_

Hereby state that

Mr./Mrs./Ms. (Name, Surname) :

\_\_\_\_\_

Born (City, Country) : \_\_\_\_\_

On (dd/mm/yyyy) :

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

And resident at (address, city, country) :

\_\_\_\_\_  
\_\_\_\_\_

According to the results of medical check-up and examinations, is currently healthy and fit to participate in competitive orienteering events.

Date (dd/mm/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Doctor's signature and stamp:**

**SCHEME – SUPPORT TO STUDENTS FOR PARTICIPATING IN COMPETITION  
ABROAD**

**FORMAT FOR SUBMISSION OF FUND UTILIZATION**

1. AICTE File No. :
2. Date of Offer Letter :
3. Name of the Team Captain :
4. Name of the Conference :  
(for which offer letter has been sent)
5. Venue : City \_\_\_\_\_  
State \_\_\_\_\_  
Country \_\_\_\_\_
6. Date of Conference : From \_\_\_\_\_ To \_\_\_\_\_
7. Title of the paper presented :
8. Travel details :

Sl. No.	Date	Place		Mode of Travel *	Fare Paid	Remarks, if any
		From	To			

\* In case of travel by Air, mention the name of the Air line

9. Details of expenditure incurred :

Head	Amount as mentioned in offer letter of AICTE	Actual expenditure incurred	Assistance provided by any other agency		Amount claimed from AICTE	Permissible Amount *
			Agency	Amount		

10. Rate at which foreign currency purchased as per Indian rupees (attach voucher for the purchase of currency).

11. Out of the amount Rs.\_\_\_\_\_ sanctioned and advanced by the AICTE for support to students for participating in competition abroad, a sum of Rs.\_\_\_\_\_ as per details given above has been utilized for the purpose for which it was sanctioned and the balance of Rs.\_\_\_\_\_ remained unutilized and enclosed vide D.D. No.\_\_\_\_\_  
Dated\_\_\_\_\_ (to be prepared in the name of Member Secretary, AICTE, New Delhi).

12. Details of the Team

Sl. No.	Name of Candidates	Date of Birth	Signature

\_\_\_\_\_  
Name and Signature of Captain of the  
Team

[Signature of Chartered Accountant]

Name of CA : \_\_\_\_\_

Membership No. : \_\_\_\_\_

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

[with seal]

**(mandatory for self-financing institutes)**

[Signature of Head of the  
Institute]

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

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

[with seal]

[Signature of the Finance Officer]

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

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

[with seal]

(Govt./Govt.Aided/University & whatever applicable)

Place : \_\_\_\_\_

Date : \_\_\_\_\_



**SCHEME – SUPPORT TO STUDENTS FOR PARTICIPATING IN COMPETITION  
ABROAD**

**FEEDBACK FORM**

1. AICTE File No.
2. Name of the Beneficiaries
3. Name and Address of the Institution
4. Title of the conference
5. Dates                      From \_\_\_\_\_ to \_\_\_\_\_
6. Venue                      City \_\_\_\_\_ State \_\_\_\_\_                      Country \_\_\_\_\_
7. Title of the paper presented
8. No. and date of the offer letter

Letter No.	Date

9. Total amount sanctioned                      :                      Rs.
10. Briefly mention about the usefulness of the beneficiaries participation in the International Conference / Seminar / Symposium with respect to:
  - a) Beneficiary
  - b) Institute
  - c) Any other alongwith short films with photographs.

\_\_\_\_\_  
Name & Signature of Team Captain

\_\_\_\_\_  
Name & signature of Head of Institute  
with seal

## **Proforma to submit the claim**

To

**The Advisor (RIFD),  
All India Council For Technical Education,  
Nelson Mandela Marg, Vasant Kunj,  
New Delhi - 110070.**

**Sub: - Re-imburement of claim under Support to students for participating in competition abroad.**

Reference your offer letter no. \_\_\_\_\_ dated  
\_\_\_\_\_.

Sir,

Re-imburement claims under Support to students for participating in competition abroad in respect of the students of this institute participated in \_\_\_\_\_ along with following documents are sent herewith with request to release the payment in favour of the institute: -

- a) List of Students participated in event.
- b) Format for submission of fund utilized duly completed in all respects.
- c) Original boarding pass.
- d) Air fare ticket.
- e) Train fare ticket.
- f) Receipts of registration and visa charges.
- g) Receipt of boarding and lodging.
- h) Feedback form along with.
- i) e-Payment details as per prescribed proforma (Proforma enclosed).

**(Name & signature of the head of the institute)**

with seal

Encl. as above