



**D. Details of participation at National Level competition:**

S. No.	Name of the Participant or Team	Name of the competition	Organizers	Theme	Date & Duration of the competition	Position held in competition

**E. Details of International level competition (To be participated):****(a)**

Name of competition	
Name of organizers with complete address	
Name of town and country of the competition	
Date and duration of competition	
Letter of invitation from the Organizer( Kindly attach)	
Details of proposed journey (indicate complete travel plan)	
Details of the any other funding agency and financial assistance, if any give details	
Proposed date of joining institution after competition is over	
Any other information the applicant would like to give in support of the case	

**(b)**

Parameters	Input by the Institute
Role of the Applicants in Competition Abroad	
Theme, abstract & its relevance	
Quality and conformity with stated objective and scope	
Novelty/originality and its impact	
Possible commercialization and patentability	

**F. Expected Expenditure details:**

S. No.	Particulars	Amount (In Indian Rupees)
1.	Domestic Travel (Air/Train/Bus/Others)	
2.	International Travel (Air/Train/Bus/Others)	
3.	Airport Tax	
4.	Registration Fee(Actual or Not more than 50,000)	
5.	Visa Application Fee	
6.	Travel Health Insurance	
7.	Boarding & Lodging	
8.	Cost incurred for taking equipment related to competition	
	<b>Total</b>	

**G. List of enclosures:**

S. No.	Title of document	Please tick (✓) if attached
1.	Undertaking from Head of the institution	
2.	Letter of Invitation/Project acceptance letter from the organizer	
3.	Proposal of the Project	
4.	Undertaking of the Parents	
5.	Medical Fitness certificate of the team members	
6.	AICTE approval letter(Current year)	
7.	National level award/ certificate indicating the position achieved	

**Declaration:**

I certify that

- The details given above are correct to the best of my knowledge & capacity.
- If the information supplied is found to be incorrect at a later date, I shall be legally bound/ liable to reimburse the entire amount to the Council.
- The amount received will be used only for the purpose for which it is requested.
- In case of financial assistance being received from the organizers or any other agencies, I shall pay back the amount granted by the Council along with interest accrued within 15 days.
- I shall abide by all of the decisions of the Council.

**Place:**

**Date:**

**(Signature of the applicant)**

**Certificate by Head of the Institution:**

I certify that

- The information provided by the applicant in the application form is correct.
- The applicant has not availed the provision in the last 3 years.
- The technical institution approved by the Council is eligible under the AICTE Act to receive financial assistance.
- The applicant has enclosed all the relevant documents.

In case of discrepancy/ 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:**

## Mandate Form (For Institutes)

Institution Details	
(a)	Name of Institute
(b)	Institute Permanent ID (PID)
(c)	Head of the Institute (Director/Registrar/ Principal)
(d)	Type of Institute (Govt./Self Finance/Private)
(e)	Address of Institute
	PIN
(f)	PAN No of Institute (enclose 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 INTERNATIONAL 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 International 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 CLAIM**

1. AICTE File No. :
2. Date of Offer Letter :
3. Name of the Head of Institution :
4. Name of the Competition :  
(for which offer letter has been sent)
  
5. Venue : City \_\_\_\_\_  
State \_\_\_\_\_  
Country \_\_\_\_\_
  
6. Date of Competition : From \_\_\_\_\_ To \_\_\_\_\_
7. Title of the Project :
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 and PNR No

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. Details of the Team

Sl. No.	Name of Candidates	Date of Birth	Signature

\_\_\_\_\_  
Name and Signature of Team Leader

[Signature of Finance Officer]

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

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

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

[with seal]

(Govt./Govt. Aided/university & Whatever applicable)

[Signature of Head of the Institute]

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

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

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

[with seal]

[Signature of Chartered Accountant]

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

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

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

[with seal]

(Mandatory for self financing institutes)

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 competition:
5. Dates:                      From \_\_\_\_\_ to \_\_\_\_\_
6. Venue:              City \_\_\_\_\_ State \_\_\_\_\_              Country \_\_\_\_\_
7. Title of the Project:

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 Competition with respect to:

- a) Beneficiary
- b) Institute
- c) Sharing of experience in form of presentation with AICTE and also required to share their experiences in different events whenever directed by AICTE.
- d) Any other alongwith short films and relevant photographs.

\_\_\_\_\_  
Name & Signature of Team Leader

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

## **Proforma to submit the claim**

To

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

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

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

Sir,

Reimbursement 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