

Shantilal Shah Engineering College, Bhavnagar

Application - Before Applying Training

Date: - _____

Name of Faculty : _____

Designation : _____

Department : _____

| # | Name of Training & Trainings Code | Venue | Dates | | Duration | No. of Training Taken in a current year | Remarks of HOD, Permitted / Not Permitted |
|---|-----------------------------------|-------|-------|----|----------|---|---|
| | | | From | To | | | |
| | | | | | | | |

This is certified that above training applied by faculty is relevant to the department & will be beneficiary to the students & department.

Signature of HOD

This Application send to Principal for Prior permission for the approval before applying to said training.

Approved / Not Approved

Principal

Details of Training Taken in Current Academic Year

[Consider from July to June]

| # | Training Order From CTE | Date of Order | Permission Taken from HOD Yes / No | Permission Taken from Principal Yes / No |
|---|-------------------------|---------------|------------------------------------|--|
| | | | | |
| | | | | |

નોંધ: ઉપરોક્ત ટ્રેનીંગની પરમીશન લીધેલ હશે તો તે અધિકારીએ સેવાપોથીમાં નોંધ કરવા અરજી કરવાની રહેશે તથા આ અરજી સાથે તેમને મળેલ સર્ટીફિકેટ તેમજ આ અરજીની કોપી સાથે જોડવાની રહેશે તેનો ખાસ ખ્યાલ રાખવો.