Sponsoring Letters of Conferences

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC			
1.	a) Name of the Faculty/ Staff	: Dr. Pallavi Baday : Prof. & Head	
	b) Designation		
	e) Department	: Gvil Engg.	
2.	Total Experience in Years	:13,	
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: The international contransformal in Englander Ar	
4.	Name & Address of the Hosting Institution/ Organization	: Anurag university Hyderadow	
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 08 01 200	
	Duration (No of Days)	4 Days	
6.	Total estimated expenditure	: Rs. 1600) —	
		Signature of the Applicant	
Annual Control of the I	FOR OFFICE	USE	
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD	
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED	
		Signature of the Principal	
4	This is to certify that the above application has bapplied programme	oeen accepted and sponsored by the college for the	

CIPAL DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Dr. N. SUDHARSAN
		b) Designation	: PROFESSOR
		c) Department	: CIVIL
	2.	Total Experience in Years	: 12 Years
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 7th international Conference Frankforms; in Engineering Education (ICTIFE-202
	4.	Name & Address of the Hosting Institution/ Organization	: Anverg University, Hyderabad.
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 08 01 2020
		Duration (No of Days)	04 Days
	6.	Total estimated expenditure	: Rs. 1,500
			Signature of the Applicant
		FOR OFFICE	USE
0	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> PRINCIPAL PORFECTOR Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.

PROFORMA FOR DEPUTATION OF FACULTY/STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Dr. Kamalini Den
	b) Designation	: Associate Professor
	c) Department	: Coril Engg
2.	Total Experience in Years	. 1 47
3.	Name of the Academic Programme Viz. FDF Seminar, Symposium, Conference, Workshop Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	o, land
4.	Name & Address of the Hosting Institution Organization	1 : Ancerag University, Hyd
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : S 01 2921 To 8 1 2920
	Duration (No of Days)	4 Days
6.	Total estimated expenditure	: Rs. 1500
		KDerd
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
	his is to certify that the above application has b	seen accepted and sponsored by the college for the
	1 Va	1. 2
	PRINCIPAL	ADDRECTOR
	Vidva Jvothi Ins	stitute of Technology
	Himayatnaga Hyde	ar (Vill), C.B. Post. erabad-75.

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

-		
1.	a) Name of the Faculty/ Staff	: J. Sharada
	b) Designation	: Asst · prof
	c) Department	: Civil Engg
2.	Total Experience in Years	: Civil Engg : 7 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	on Transformations in Engineering Education
4.	Name & Address of the Hosting Institution/ Organization	: Anway University , Hyderaba
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 06 01 2020 To 08 01 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 1500
		Rs. 1900
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL DIRECTOR



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff

: Ds.L. Madan Ananda Kumar

b) Designation

: Anocialie Professor

c) Department

: Mechanical Engl.

2. Total Experience in Years

: 10

3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

7th International conference on Transformation in engineering education (ICTIEE-2020)

4. Name & Address of the Hosting Institution/: Organization

ANURAGE CHROUP OF INSTITUTIONS

5. Staring Date and Ending Date the Program

DD MM YYYY

DD MM YYYY

To 8 01 2020

To 8 01 2020.

Duration (No of Days)

8 Days

6. Total estimated expenditure

: Rs. 2000/-

Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded) Not Forwarded)

FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff		G. Patest Baby.
	b) Designation	:	Assistant Professo
	c) Department	:	Mechanical.
2.	Total Experience in Years	:	ou years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	:	Mochanical. Ou years Transformation in Engeneering Education
4.	Name & Address of the Hosting Institution/ Organization	:	Anuray group of inditutions
5.	Staring Date and Ending Date the Program	:[DD MM YYYY DD MM YYYY 0 5 0 1 2020 To ©8 0 1 2020

Duration (No of Days)

O4 Days

6. Total estimated expenditure

: Rs. 2000/-

Signature of the Applicant

FOR OFFICE USE

 Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended) Not Recommended)

: RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff 1.

b) Designation

c) Department

· Total Experience in Years

Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name & Address of the Hosting Institution/ : AGI & IUCEE Organization

Staring Date and Ending Date the Program 5.

Duration (No of Days)

Total estimated expenditure

7th Int. Conference on Fransformations in Engg. Education ICTIEE-2020

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff

SALETE VENEATESH

b) Designation

ASSISTANT PROFESSOR

c) Department

MECHANICAL

Total Experience in Years 2.

05 YEARS

3. Name of the Academic Programme Viz. FDP, : Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Transformation in Engineering Education

Name & Address of the Hosting Institution : Award Group of (next tections. 4. Organization

Staring Date and Ending Date the Program 5.

YYYY 05 2020

Days

MM YYYY 08 01 2020

Duration (No of Days)

04

Total estimated expenditure 6.

2000/-: Rs.

e Ventoeih

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff

b) Designation

c) Department

Total Experience in Years 2.

3. the Faculty/ Staff is recommended : Dr.v. Phartuda Bogu : Arrodate pratura : Mechanical Enjoy

Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name & Address of the Hosting Institution/ : NITW, TRIANGUMA 4. Organization

Staring Date and Ending Date the Program 5.

YYYY DD MM YYYY MM 2019 27 2019

Duration (No of Days)

Days

Total estimated expenditure

Rs. 2000

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal PRINCIPAL

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

Hyderabad-75. This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: K. Ravikumar
1.		
	b) Designation	: ASSI-professor
	c) Department	: Mechanical
2.	Total Experience in Years	: 09 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Mechanical : Og yeary : Inkrnational conference on Transformations in Engineerly Education.
4.	Name & Address of the Hosting Institution/ Organization	: Aneway Group of Institution
5.	Staring Date and Ending Date the Program	DD MM ΥΥΥΥ DD MM ΥΥΥΥ : Oξ Ol 2-02-0 To Oξ O(262-0
	Duration (No of Days)	O4 Days
6.	Total estimated expenditure	: Rs. 2000 (
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the Principal PRINCIPAL
This	s is to certify that the above application has been	Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75 n accepted and sponsored by the college for the

applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	b) Designation	: Mr. Md - Akram Ahmed
		: Assistant Profesor
	c) Department	: ECE
2.	b) Designation c) Department Total Experience in Years Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended Name & Address of the Hosting Institution/ Organization Staring Date and Ending Date the Program Duration (No of Days)	· 9 years
3.	Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which	: International conference on Transformation in Engineering Education
4.		: Anusof Group of Institution, Grhitlerson, Høderabad.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 8 1 2020
	Duration (No of Days)	L _† Days
6.	Total estimated expenditure	: Rs. 3500 -
		Signature of the Applicant
	FOR OFFICE U	JSE
1.		: FORWARDED/ NOT FORWARDED
		Signature of the HOD
2.		: RECOMMENDED/ NOT RECOMMENDED Signature of the Principal
	 6. 	5. Staring Date and Ending Date the Program Duration (No of Days) 6. Total estimated expenditure FOR OFFICE U 1. Remarks of the HOD (Forwarded/ Not Forwarded) 2. Recommendations of the Principal

PRINCIPAL / DIRECTOR

A-i-nagargate, ∩ R Post.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Mr. S. upender
		b) Designation	: Associate Professor
		c) Department	: ECE
	2.	Total Experience in Years	: 14
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Transferretion in Engineering Education
0	4.	Name & Address of the Hosting Institution/ Organization	: Anward Grand of Institution, Colatteran, Hyderalad.
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 1 2020 To 8 1 2020
		Duration (No of Days)	L ₊ Days
	6.	Total estimated expenditure	: Rs. 1000 -
			Signature of the Applicant
		FOR OFFICE U	JSE
Q	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED Signature of the Principal
		is is to certify that the above application has bee	n accepted and sponsored by the college for the

Vidya Jyothi Institute of Technology Aziznagarigate, C.B. Post, Hyderabad-500 076.



PROFORMA FOR DEPUTATION OF FACULTY/STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Ms. Jaya Lokshoni Athurumi
		b) Designation	: Ms. Jaya Lakshoni Athukuri : Assoc. professor
		c) Department	: ECE
	2.	Total Experience in Years	: -13
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Transformation in Engineerings Education ICTIEE-20
7	4.	Name & Address of the Hosting Institution/ Organization	: Armag group of Institutiony
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 08 01 2020
		Duration (No of Days)	Days
	6.	Total estimated expenditure	: Rs. 3/500 -
	ē		Signature of the Applicant
		FOR OFFICE U	JSE
٥,	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED Signature of the Principal
		is is to certify that the above application has bee	



applied programme

Vidya Jyothi Institute of Technology (Autonomous) Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mr. M. Rajendra Poasad
	b) Designation	: Mr. M. Rajendra Prasad : Assoc. Port
	c) Department	: ECE
2.	Total Experience in Years	
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Paker Presentation in 7th Internation Conference on toon shormations in Engl. Education (ICTIEE - 2020) in Association Coith IUCEE
4.	Name & Address of the Hosting Institution/ Organization	Hydroabad Foul of Enshburens
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 08 01 2020
	Duration (No of Days)	Oby Days
6.	Total estimated expenditure	: Rs. 5300
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED Signature of the Principal
Th	is is to certify that the above application has bee	n accepted and sponsored by the college for the

PRINCIPAL / DIRECTOR



applied programme

Vidya Jyothi Institute of Technology (Autonomous) Aziz Nagar Gate C.B. Post, Hyderabad–500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

_			_	
	1.	a) Name of the Faculty/ Staff	:	Dr. vadivel
		b) Designation	:	Bofessol
		c) Department	:	ECE
	2.	Total Experience in Years	:	
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	:	Europyers in ECE ICIECE-818 840 Jeansymon Conference on
	4.	Name & Address of the Hosting Institution/ Organization	:	Consumence Diskhikan R. Hydesabel
	5.	Staring Date and Ending Date the Program	:[DD MM YYYY DD MM YYYY OL OS 2/9 To O3 O8 26/9
		Duration (No of Days)		OL Days
	6.	Total estimated expenditure	:	Rs. 3000
				Signature of the Applicant
		FOR OFFICE L	JSI	
	1.	Remarks of the HOD	:	FORWARDED/ NOT FORWARDED
		(Forwarded/ Not Forwarded)		Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	:	RECOMMENDED/ NOT RECOMMENDED
				Signature of the Principal
	Th	is is to certify that the above application has bee	n a	eccepted and sponsored by the college for the

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Do. K. Vasanth
	b) Designation	: Posesso
	c) Department	: ECE
2.	Total Experience in Years	:
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	in Association of in Ends Egrope. : It Interlated Confessions of in Ends Egrope
4.	Name & Address of the Hosting Institution/ Organization	: Amergag graf & Insklukone
5.	Staring Date and Ending Date the Program	BD MM YYYY DD MM YYYY : OS O\ 2020 TO 08 O\ 2020
	Duration (No of Days)	OU Days
6.	Total estimated expenditure	: Rs. 5300
		Signature of the Applicant
	FOR OFFICE U	ISE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Ms. Aruna Yesala
		b) Designation	: Asst. Prof.
		c) Department	: ECE
	2.	Total Experience in Years	;
	3.	Name of the Academic Programme Viz. FDP Seminar, Symposium, Conference, Workshop Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Paper Presentation in IT
	4.	Name & Address of the Hosting Institution. Organization	: Anurag Group of Institution
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 0.5 01 2020 To
		Duration (No of Days)	OI Days
	6.	Total estimated expenditure	: Rs. 5300
			Signature of the Applicant
		FOR OFFICE	USE
0	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
			Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal
	Thi	is is to certify that the above application has been blied programme	en accepted and sponsored by the college for the
	арр	PRINCIPAL/	PRINCIPAL Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.
			Hyderabad-15.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

+		SUCH AS STTP, SEMINARS, SYMPOSIA, C	ONFE	RENCES, WORKSHOPS ETC.,
]	1.	a) Name of the Faculty/ Staff	:	Mrs. K. Deepika
		b) Designation	:	Mrs. K. Deepika Assistant Professos
		c) Department	:	ECE
	2.	Total Experience in Years	:	
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	•	An advanced IsT band Robot for Military Applications ICCCET-2020
	4.	Name & Address of the Hosting Institution/ Organization		GNITS, Hyderated
	5.	Staring Date and Ending Date the Program	. [DD MM YYYY DD MM YYYY 29 08 2019 To 30 08 2019
		Duration (No of Days)		02 Days
	6.	Total estimated expenditure	:	Rs. 1800/
				Signature of the Applicant
		FOR OFFICE	JSE	
	1	Pomerks of the HOD		* CODIVA DE CANOT FORMAL PAR

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS FTC

۳			o o in Extended, in Okrasitors Erc.,
	1.	a) Name of the Faculty/ Staff	: Ms. M. Anusha
		b) Designation	: Asaf Prof.
		e) Department	: ECE
	2.	Total Experience in Years	:
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: An advanced IoT band Robot for Military Application ICCCET-2020
	4.	Name & Address of the Hosting Institution/ Organization	: GPITS, Hyderated
			*· *
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 29 08 2019 To 30 08 2019
		Duration (No of Days)	02 Days
	6.	Total estimated expenditure	: Rs. 1500/-
			Aux
	_		Signature of the Applicant
		FOR OFFICE U	SE
	1	D L. Cal. LIOD	

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

		e of the latter (CEO) is of the latter (CEO)
1.	a) Name of the Faculty/ Staff	: M. Venkates warly
	b) Designation	: Assoc Professor
	c) Department	: CSE
2.	Total Experience in Years	:
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: FInternational Conference on Transform in Engineering Education (ICTIFE-20
4.	Name & Address of the Hosting Institution/ Organization	: Anurag Group of Institutions
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 05 01 2020
	Duration (No of Days)	1 Days
6.	Total estimated expenditure	: Rs. 1000/
		Signature of the Applicant
	FOR OFFICE	UCF.

FOR OFFICE USE

Remarks of the HOD
 (Forwarded/ Not Forwarded)

: FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

: RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

INCIPAL DIRECTOR Idya Jyothi Institute of Technolo

Hyderabad-75



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	Dr. B. Vijaya Lumas. Ast-prof. CSE
	b) Designation	: Ast-prof
	c) Department	: CSE
2.	Total Experience in Years	:
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 15 International Conference Transformations in Engineery Education ICTIEE-2020 In Andrew With NCEE
4.	Name & Address of the Hosting Institution/ Organization	: DAnuray Group of Jershtulian
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 65 0 1 2020 To 68 01 2020
	Duration (No of Days)	3 Days
6.	Total estimated expenditure	: Rs. \DDD _
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

_			
	1.	a) Name of the Faculty/ Staff	D. Verlestalward
		b) Designation	: Aresourant
		c) Department	: CSE
	2.	Total Experience in Years	: 18
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	International Conference on Transparnation in Engineering Education
	4.	Name & Address of the Hosting Institution/ Organization	: Engineering Education
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 08 01 2020
		Duration (No of Days)	3 Days
	6.	Total estimated expenditure	: Rs. 3500 -
			Signature of the Applicant
		FOR OFFICE I	<u>JSE</u>
	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			N 0

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Y-Peareenkum al : DSE-Prof
	b) Designation	: ASE-Rof
	c) Department	: CSE
2.	Total Experience in Years	: 9
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Corgo de 1
4.	Name & Address of the Hosting Institution/ Organization	: A Mutog good of Englituting
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 08 01 2020
	Duration (No of Days)	7 Days
6.	Total estimated expenditure	: Rs. >500
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: P. Rajashekar
	b) Designation	: P. Rájashekar : Assb. Prof.
	c) Department	: CSE
2.	Total Experience in Years	: 41 -f
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Transformation in Eng. Education
4.	Name & Address of the Hosting Institution/ Organization	: Anway Group of Institutions
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 1000/-
		Signature of the Applicant
	FOR OFFICE	<u>USE</u>
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Md. zeeshan
	b) Designation	: Ant professor
	c) Department	: Md. zeeshan : Ant. professor : Computer Science & Engigeesing.
2.	Total Experience in Years	: 5 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 5 years : The International Confesence on learnformations in Engineering Solucation Associations with
4.	Name & Address of the Hosting Institution/ Organization	1 (1 /1 / 1/20)
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 5 / 2020 To
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 1000/-
		Signature of the Applicant
	FOR OFFICE	<u>USE</u>
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL DIRECTOR



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: y, frash jeumas
	b) Designation	: Y. frasu jeumas
	c) Department	: 4
2.	Total Experience in Years	ii .
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: International condesens
4.	Name & Address of the Hosting Institution/ Organization	: Yourand Groub of Its Fifting
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 01 01 2021 To 05 01 2021
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. (000 (
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL / DIRECTOR dya Jyothi Institute of Technology
Himayatnagar (Vill), C.B. Post.,
Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	Section of the Section of the Osta,	CONTERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: PLVS Salma : ABST prof : CSE
	b) Designation	: Ast prof
	c) Department	: CSE
2.	Total Experience in Years	: gyears
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	IEEE Connect 2019 Conference
4.	Name & Address of the Hosting Institution/ Organization	
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 26 07 2019 To 27 07 204
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 7000 _
		Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded) Not Forwarded)

: FORWARDED/ NOT FORWARDED

Signature of the HOD

 Recommendations of the Principal (Recommended/ Not Recommended) : RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL Vidya Jyothi Institute of Technology
PRINCIPAL DIRECTOR Himayatnagar (Vill), C.B. Post.,
Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.

	SCEN AS STIT, SEMINARS, STMI OSIA,	CONFERENCES, WORRSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: Mrs. Sree Devi. Jasti : Assitant Professor.
	b) Designation	: Assitant Professor.
	c) Department	: H+S
2.	Total Experience in Years	: 24.
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	
4.	Name & Address of the Hosting Institution/ Organization	: Anusing Group of Institutions Hyderabod.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To 08 01 2020
	Duration (No of Days)	Ц Days
6.	Total estimated expenditure	: Rs. 3,500/-
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: K. Sree Vani
	b) Designation	: Asst. Prof. : Hxs
	c) Department	: HKS
2.	Total Experience in Years	: 17 yrs.
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	rational Conference on Fransformation Engg Education (ICTIE = 2020)
4.	Name & Address of the Hosting Institution/ Organization	
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 05 01 2020 To 08 01 2020
	Duration (No of Days)	4 Days
6.	Total estimated expenditure	: Rs. 8000/-

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP. SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.

		CONTENT OF THE PROPERTY OF THE
1.	a) Name of the Faculty/ Staff b) Designation	: Dr. M. Anand : Acro. Professor
	c) Department	: 418-5
2.	Total Experience in Years	: 18yra
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 7th International Conference on Transfor in Engineering Education (10 CE
4.	Name & Address of the Hosting Institution/ Organization	: ANURAG INSTITUTION, HYD
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 9090 To 08 01 9020
	Duration (No of Days)	L _I Days
6.	Total estimated expenditure	: Rs. 87000/-
		Signature of the Applicant
	EOR OFFICE I	ICE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff 1. : Dr. R. RAMA KRISHNA b) Designation .. Professor : Hands c) Department 18 years 2. Total Experience in Years 3. Name of the Academic Programme Viz. FDP, : 1CT/EE-2020 Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended Name & Address of the Hosting Institution/: Arrayag Group of Institutions, Organization Hyderabad. 4. DD YYYY 5. Staring Date and Ending Date the Program 2000 Duration (No of Days) Days Rs. 8,000/-Total estimated expenditure 6. & Romaknon

FOR OFFICE USE

Remarks of the HOD
 (Forwarded/ Not Forwarded)

: FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

: RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Dr. K. LAKSHMI NARAYAN
	b) Designation	: Professor
	c) Department	: HES
2.	Total Experience in Years	: 22
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: ICAHMM SMM - 2019
4.	Name & Address of the Hosting Institution/ Organization	: CMS, KOLKATA
5,	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY 20 12 2019 To 22 12 2019
	Duration (No of Days)	3 Days
6.	Total estimated expenditure	: Rs. 1000
		barayear -
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	* * *	Dr.	K.	K	ondala	Rac
	b) Designation		AR	ouo	Je	Profess	N
	c) Department		Hd	S			

2. Total Experience in Years : 15 years

 Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended ICAHMMSMM-2019

YYYY

2019

4. Name & Address of the Hosting Institution/: CMS | Kolkada
Organization

5. Staring Date and Ending Date the Program : DD MM YYYY . DD To 99

Duration (No of Days) 3 Days

6. Total estimated expenditure : Rs. 1000

Signature of the Applicant

FOR OFFICE USE

 Remarks of the HOD (Forwarded/ Not Forwarded)

: FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL DIRECTOR

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

		The state of the s
1.	a) Name of the Faculty/ Staff	: Dr. Krr. R. Satya Kumal
	b) Designation	: ALLOC. Peotensh
	c) Department	: MBA
2.	Total Experience in Years	: 12 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	and a Challing
4.	Name & Address of the Hosting Institution/ Organization	
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY
٥.	Staring Date and Ending Date the Program	12 12 2019 To 13 12 2019
	Duration (No of Days)	2 Days
6.	Total estimated expenditure	: Rs. 500/-
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Department of Department of Business Administration Signature of the HOD Business Administration NOTIFIC INSTITUTE OF TECHNOLOGY
2.	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the HOD Business Administration of TECHNOLOGY VIDYA JYOTHI INSTITUTE OF

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

DIRECTOR

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1	a) Name of the Faculty/ Staff	: K. Juevan Kumal
	b) Designation	: Acct Protessa
	c) Department	: mBA
2	. Total Experience in Years	: 8 years
3	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	& challengel in Atra mgt & Financial
4	. Name & Address of the Hosting Institution/ Organization	: ICBM-SBE
5	. Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 23 11 2019 To 23 11 2019
	Duration (No of Days)	/ Days
6	. Total estimated expenditure	: Rs. 500/-
		Signature of the Applicant
	FOR OFFICE	USE
1	. Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Department of Signature of the HQDess Administration
2	Recommendations of the Principal (Recommended/ Not Recommended)	VIDYA JYOTHI INSTITUTE OF TECHNOLOGY : RECOMMENDED NOT RECOMMENDED
		Signature of the Principal
	This is to certify that the above application has be applied programme PRINCIPAL	ms Almas

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: K. Kavita
	b) Designation	: K. Kavitha : Asct- Professor
	c) Department	: mBA
2.	Total Experience in Years	: 10 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	
4.	Name & Address of the Hosting Institution/ Organization	: Surices in India" ICBM-SBE-Hydenabad
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 23 11 2019 To 23 11 2019
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 1000/-
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	Signature of the Honess Administration Master of Business Administration VIDYA JYOTHI INSTITUTE OF TECHNOLOGY VIDYA JYOTHI INSTITUTE OF TECHNOLOGY
2.	Recommendations of the Principal (Recommended/ Not Recommended)	RECOMMENDED NOT RECOMMENDED Signature of the Principal
	his is to certify that the above application has be	en accepted and sponsored by the college for the

PRINCIPAL

applied programme

Vidya Jyothi Institute of Technology (Autonomous)
Aziz Nagar Gate C.B. Post, Hyderabad–500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: P. Irreela Bhalathi
	b) Designation	: Acsoc Protessa
	c) Department	: MBA
2.	Total Experience in Years	: 12
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: National Seminal on Innovative method & challenges in Along mgt Anancial Seet Presented Paper on " Awaleness and Preference of Bancaucrance in India!
4.	Name & Address of the Hosting Institution/ Organization	: ICBM-SBE- Hyd.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 23 11 2019 To 23 11 2019
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 1000/-
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	Signature of Medical Institute of Technology WARDED AND PRINCIPLE OF TECHNOLOGY WARDEN AND THE UNSTITUTE OF TECHNOLOGY Code C.B. Poor, Hyderabad - Industry
2.	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the Principal Signature of the Principal
Th	nis is to certify that the above application has be	en accepted and sponsored by the college for the

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: A.K. Svujana
	b) Designation	: Act. Protesse
	c) Department	: MBA
2.	Total Experience in Years	: 10
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: National Seminal on Innovatine method & challenges in Along mgt & Financial rect. "A study on Collision of Business Ethics in Banking Sector"
4.	Name & Address of the Hosting Institution/ Organization	
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 23 11 2019 To 23 11 2019
	Duration (No of Days)	/ Days
6.	Total estimated expenditure	: Rs. 1000/-
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	Signature of the HODE Business Administration VIDYA JYOTHI INSTITUTE OF TECHNOLOGY
2.	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the Hoof Business Auto of Technology VIDYA JYOTHI INSTITUTE OF TECHNOLOGY SIGNATURE OF TECHNOLOGY VIDYA JYOTHI INSTITUTE OF TECHNOLOGY VIDYA JYOTHI JYO
T	his is to certify that the above application has bee	en accepted and sponsored by the college for the
	oplied programme	1/ 0 8



Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STIP, SEMINARS, SYMPOSIA, O	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: Dv. C.W. Ravi' : Profeshi
	b) Designation	: Profeshi
	c) Department	EEE
2.	Total Experience in Years	: 13
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	· NPTEL PDP - POWER Septe Analysis.
4.	Name & Address of the Hosting Institution/ Organization	: ZIT, Madras
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 01 07 2019 To 01 10 2019
	Duration (No of Days)	90 Days
6.	Total estimated expenditure	: Rs. 1000
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
2.	Recommendations of the Principal	Signature of the HOD HOLOGY HYDERA D-600 075. : RECOMMENDED/ NOT RECOMMENDED
	(Recommended/ Not Recommended)	

Signature of the Principal

Vidya Jyothi Institute of Technology

Sponsoring Letters of Faculty Development Programs

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

-			
	1.	a) Name of the Faculty/ Staff	: G. Sreeja : Assistant professor : Cuil Engineering
		b) Designation	: Assistant professor
		c) Department	: Civil Engeneering
	2.	Total Experience in Years	: 2.by can
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 2.64 cars : proctual Training on Geosyntheir & special concrete, SRM University cheunai
	4.	Name & Address of the Hosting Institution/ Organization	: SRM Institute of Science & Technolo Chennai
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 18 11 2019 To 22 11 2019
		Duration (No of Days)	5 Days
	6.	Total estimated expenditure	: Rs. 10,000
			Signature of the Applicant
		FOR OFFICE	USE
	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the HOD : RECOMMENDED/ NOT RECOMMENDED Signature of the Principal
		This is to certify that the above application has be applied programme	een accepted and spousored by the college for the
	1.	(//////////////////////////////////////	

Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff

b) Designation

c) Department

Total Experience in Years 2.

3. the Faculty/ Staff is recommended

4

: M. Mounika

: Assistant Professor : Civil Engineering : 10 months

Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name & Address of the Hosting Institution/: SRM Enstitute of Science Fechado Organization

TYYY

Staring Date and Ending Date the Program

Total estimated expenditure

YYYY 2019 22 11 2019

Days

Duration (No of Days)

Rs. 10,000

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.

	SUCII AS STIT, SEMINARS, STIM OSIA,	CONTENENCES, WORKSHOTS BIES,
1.	a) Name of the Faculty/ Staff	: Dr. A. Sryjana : Professor
	b) Designation	: Profestor
	c) Department	: EEE
2.	Total Experience in Years	: 92 Yeary
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: FDP-Research Opportunitie in power Engineering.
4.	Name & Address of the Hosting Institution/ Organization	: CMRCET, Hyderabad.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 22 04 2020 To 22 04 2020
	Duration (No of Days)	○ 6 Days
6.	Total estimated expenditure	: Rs. 500/
,		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	FORWARDED/ NOT FORWARDED FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
יור	his is to cortify that the above application has be	en accented and sponsored by the college for the

applied programme



Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STTP, SEMINARS, SYMPOSIA	, CO	NFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	:	Mrs. K. Hartha
	b) Designation	:	Mrs. K. Hartha Asul- Professor
	c) Department	:	EPE
2.	Total Experience in Years	:	7 years
3.	Name of the Academic Programme Viz. FDP Seminar, Symposium, Conference, Workshop Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	, :	7 years FDP- Emerging Trends In Power & Energy.
4.	Name & Address of the Hosting Institution. Organization	' :	JBZFT, Aydevabad
5.	Staring Date and Ending Date the Program	:	DD MM YYYY DD MM YYYY 07 08 2019 To 13 08 2019
	Duration (No of Days)		O7 Days
6.	Total estimated expenditure	:	Rs. 500
			Signature of the Applicant
	FOR OFFICE	US	E
1.	Remarks of the HOD	:	FORWARDED/ NOT FORWARDED

(Forwarded/ Not Forwarded)

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mr. D. Sninivas
	b) Designation	: A 850 C. Prov
	c) Department	
2.	Total Experience in Years	: EEE : 15 year)
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	on "Research Metwodolog
4.	Name & Address of the Hosting Institution/ Organization	: Shi Chhatrapati Shivajiraje College of Engineering
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 20 0 5 2022 To 25 05 2022
	Duration (No of Days)	O 6 Days
6.	Total estimated expenditure	: Rs. 500/
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Head Jefoles
		Signature of the HOD
2.	Recommendations of the Principal	HYDERABAO-500 075. RECOMMENDED/ NOT RECOMMENDED
۷.	(Recommended/ Not Recommended)	. ABOOMAD NOT ABOOMAD A
		Signature of the Principal Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75. en accepted and sponsored by the college for the
	is is to certify that the above application has been plied programme	en accepted and sponsored by the college for the



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Mr.T. Pavameshwar
		b) Designation	: Mr. T. Parameshwar : Ashor. Prof.
		c) Department	: ERE
	2.	Total Experience in Years	: 14 Year
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: FDP - Research Challenges and Opportunities Post CovID-
	4.	Name & Address of the Hosting Institution/ Organization	: Sri Vasavi Engineering Collège.
			DD MM YYYY DD MM YYYY
7	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 0 6 0 5 20 20 To 0 9 0 5 20 20
		Duration (No of Days)	© 6 Days
	6.	Total estimated expenditure	: Rs. 500/
			Signature of the Applicant
		FOR OFFICE U	USE
	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
	2.	Recommendations of the Principal	HYDERABAD-500 075. RECOMMENDED/ NOT RECOMMENDED
	2.	(Recommended/ Not Recommended)	. ABCOMMENDED AND COMMENDED
			Signature of the Principal
			A AA

Vidya Jyothi Institute of Technology
This is to certify that the above application has been accepted and sponsored by the college for the Hyderabad-75. applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mv. B. Rajesh
	b) Designation	: Mv. B. Rajesh : Aett. professor
	c) Department	: EEE
2.	Total Experience in Years	: 15 year)
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	FPP - Research Challenges and opportunities post- cover - 191.
4.	Name & Address of the Hosting Institution/ Organization	: Sri Valavi Engineerij College
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 04 05 2020 To 09 05 2020
6.	Duration (No of Days) Total estimated expenditure	© 6 Days : Rs. 50 0/
		BRyerl Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
2.	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the HOD ***COMMENDED NOT RECOMMENDED **COMMENDED NOT RECOMMENDED
		Signature of the Principal



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

		De D P C Pald.
1.	a) Name of the Faculty/ Staff	: DT. D. B. G. Ready
	b) Designation	: Dr. D. B.G. Reddy : Profeshir : EEE
	c) Department	: EEE
2.	Total Experience in Years	: 21
3.	Name of the Academic Programme Viz. FD Seminar, Symposium, Conference, Worksho Training Program etc. (Enclose details) for whithe Faculty/ Staff is recommended	ch Eledrical Engineery
4.	Name & Address of the Hosting Institution	Bhimavaram.
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 08 06 2020 To 12 06 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 500
		Signature of the Applicant
	FOR OFFIC	EE USE
1.	Remarks of the HOD	: FORWARDED/ NOT FORWARDED
	(Forwarded/ Not Forwarded)	Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
		Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,
TI	his is to certify that the above application has	been accepted and sponsored by the college for the

applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

		_	
1.	a) Name of the Faculty/ Staff	:	L. Raju Assistant professor
	b) Designation	:	Assistant professor
	c) Department	:	EEE
2.	Total Experience in Years	:	12 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	:	FDP on Recent tounds in Electorical Engineering.
4.	Name & Address of the Hosting Institution/ Organization	:	Vishnu institute of Technis
5.	Staring Date and Ending Date the Program	:	DD MM YYYY DD MM YYYY U8 66 急の点の To 12 6b 2020
	Duration (No of Days)		Days
6.	Total estimated expenditure	:	Rs. 500
			1 Darr

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD A ROTH INSTITUTE OF TECHNOLO HYDERABAD-800 075.

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

-			
	•		Signature of the Applicant
	6.	Total estimated expenditure	: Rs. 500/
		Duration (No of Days)	O6 Days
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : [18 05 2020] To 23 05 2020
	4.	Name & Address of the Hosting Institution/ Organization	: Ramachandra College of Exprincering
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	ITTP-Research Challenge. Pn Electrical Engineering
	2.	Total Experience in Years	
		c) Department	: EEE
		b) Designation	: Mr. P. Maga Mynoendra : Aell-Prof
	1.	a) Name of the Faculty/ Staff	: Mr. P. Wasa Mynoendra

FOR OFFICE USE

Remarks of the HOD
 (Forwarded/ Not Forwarded)

FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothilodii wte pi Jechnology Himayatnagar (VIII), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Ch. Vikvam
	b) Designation	: Aght. Por
	c) Department	: 266
2.	Total Experience in Years	: 10
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Repearch Challenges in Electrical Enfineering.
4.	Name & Address of the Hosting Institution/ Organization	: Ramachnadra College of Engineering
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 18 05 2020 To 23 05 2020
	Duration (No of Days)	o 6 Days
6.	Total estimated expenditure	: Rs. 500/
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
		HYDERABAD-000-075.
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
Th	is is to certify that the above annlication has be	Signature of the Principal Vidya Jyothi Institute of Technology en accepted and sponsored by the college for the Hyderabad-75.
ap	plied programme	Hyderabad-75.



Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	of the contract of the contrac	CO. II EKE TELS, WORLDWOOD
1.	a) Name of the Faculty/ Staff	: S. Suned Kuman
	b) Designation	: S. Suned Kuman : Associate Rofesson
	c) Department	: M.E.
2.	Total Experience in Years	: 12 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Precision Engg . 2 Machining Pro
4.	Name & Address of the Hosting Institution/ Organization	: Anunag Group of Institutions Hydorabad.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 14 11 2019 To 27 11 2019
	Duration (No of Days)	14 Days
6.	Total estimated expenditure	: Rs. 2,000/
		2.8/

FOR OFFICE USE

1. Remarks of the HOD (Forwarded) Not Forwarded)

FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL DIRECTOR
PRINCIPA



PROFORMA FOR DEPUTATION OF FACULTY/STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mrc. Syeda Sanipa Fatma
	b) Designation	: Mrc. Syeda Sanira Fatima : ABBT · Professor
	c) Department	: mechanical
2.	Total Experience in Years	: 05/53
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	precision Engineering and machining process
4.	Name & Address of the Hosting Institution/ Organization	DO MM VVVV
5.	Staring Date and Ending Date the Program	: 14 11 2019 To 2 11 2019
	Duration (No of Days)	My Days
6.	Total estimated expenditure	: Rs. 2000/-
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED

Signature of the Principal

RECOMMENDED/ NOT RECOMMENDED

Signature of the HOD

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

Recommendations of the Principal (Recommended/ Not Recommended)

> Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

Hyderabad-75.



idya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff

b) Designation

c) Department

2. Total Experience in Years

3. Name of the Academic Programme Viz. FDP, : Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which

the Faculty/ Staff is recommended

: K. Rajush Kumon.

: Associate Professor.

: Mechanical Eng.

: 23 Yrs. FDP on " Precision Eng. &

@wMachining Process.

4.

Name & Address of the Hosting Institution/: Anwray Group of Infiliation Organization

5. Staring Date and Ending Date the Program

DD MM YYYY DD MM YYYY 14 2019 To 27 2019

Duration (No of Days)

6. Total estimated expenditure Days

2000/-

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff 1.

b) Designation

c) Department

2. Total Experience in Years

3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

4.

Duration (No of Days)

5. Staring Date and Ending Date the Program

Total estimated expenditure

: P. Sampath Kumay : Assoc. Professor : Mechanical

Precision Engg on Machining processes "

Name & Address of the Hosting Institution/: Anunag Group of Institution,
Organization Hyderabad.

> DD MM DD 2019

YYYY MM 2019

Days

Rs. 2,000/-

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Himayatnagar (Vill), C.B. Post.,

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: C. Naveen Raj
	b) Designation	: Asst. Professor
	c) Department	: Mechanical Engineering
2.	Total Experience in Years	: 7 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended.	· Advances in Mechanical & Ingineering & Manufactur

4.

the Faculty/ Staff is recommended

Process

Name & Address of the Hosting Institution/: CMRIT, Hyderabad Organization

5. Staring Date and Ending Date the Program DD MM YYYY DD MM YYYY 11 13 05 2020 2020

Duration (No of Days)

Days

6. Total estimated expenditure Rs. 500

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Himavatages (15) Himayatnagar (Vill), C.B. Post., Hyderabad-75.

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Shaik Gillom Abril Hersan
	b) Designation	: Ast professol : Mechanical : 6 pears
	c) Department	: Me chance 0
2.	Total Experience in Years	: 6 rean
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Advances in mechanica Egg & manufacturing process
4.	Name & Address of the Hosting Institution/ Organization	: CMRZT
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 11 5 2020 To 13 5 2020.
	Duration (No of Days)] Days
6.	Total estimated expenditure	: Rs. (000)
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal Vidya Jyothi Institute of Technology

Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: CH-RAKESH
	b) Designation	: Aset - professor
	c) Department	: Mech
2.	Total Experience in Years	: 06
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended Name & Address of the Hosting Institution/ Organization	: Advanced in Mechanical Engineering and Manuface process: : CMRIT; Hyderabad
5.	Staring Date and Ending Date the Program Duration (No of Days)	DD MM YYYY DD MM YYYY : 11 05 2020 To 13 05 2020 Days
6.	Total estimated expenditure	: Rs. 500

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,



Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff 1.

2.

Name & Address of the Hosting Institution/: 4. Organization

: And projector : Mechanical

b) Designation
c) Department

Total Experience in Years

Name of the Academic Programme Viz. FDP,
Seminar, Symposium, Conference, Workshop,
etc. (Enclose details) for which

Process

Lechenice

Advances in Mechanical

Rejnering & Manufaching

Process

CMRIT, Hyderabad

5. Staring Date and Ending Date the Program DD MM YYYY DD MM YYYY 2020 2020 0

Duration (No of Days)

Total estimated expenditure

6.

Days

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Brincipal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

Hyderabad-75.

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: J. pradcep Kumar
	b) Designation	: Aut professor
	c) Department	: Mechanical
2.	Total Experience in Years	: Loycar
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which	(D) OI) III CV COI
	the Faculty/ Staff is recommended	1
4.	Name & Address of the Hosting Institution/ Organization	: Anway University
5.	Staring Date and Ending Date the Program	: O2 06 2020 To 06 2020
	Duration (No of Days)	Days -
6.	Total estimated expenditure	: Rs. [000 (
		Dood ast

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Dr. B. Ravinder Reddy
	b) Designation	: Aul-prolessor
	c) Department	: Dr. B. Ravinder Reddy : Aul-prolepsor : Mechanical
2.	Total Experience in Years	: 20 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 20 years : 11 FDP on SCILAD - An open Source Substitute for matlab
4.	Name & Address of the Hosting Institution/ Organization	: THTUH
5.	Staring Date and Ending Date the Program	DD MM YYYY : 2 05 2020 To 30 05 2020
	Duration (No of Days)	0 b Days
6.	Total estimated expenditure	: Rs. [060]
		Dy Bakarundu - Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
2	Decomposed by the Deliving L	Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal

PRINCIPAL

Vidya Jyothi Institute of Technology
Himayatnagar (Vill), C.B. Post.,
Hyderabad-75

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: T. Pavan Kumal
	b) Designation	: T. Pavan Kumal : Asst. prof-
	c) Department	: Mechanical
2.	Total Experience in Years	: ogy earl
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Advanced ADT Techniques y Applications in industry,
4.	Name & Address of the Hosting Institution/ Organization	: QISCET, ongoth
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 25 05 2020 To 29 05 2020
	Duration (No of Days)	OY Days
6.	Total estimated expenditure	: Rs. 1000
		* *

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: H. praveen
	b) Designation	: Alst Prof.
	c) Department	: Ast praveen : Ast prof. : Mechanical
2.	Total Experience in Years	: Ogycaf
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: PDP on I quality Control. Testing of me timents
4.	Name & Address of the Hosting Institution/ Organization	: GIET
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 26 or 2000 To 27 05 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. (000)
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal PRINCIPAL

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMIN

	THOUSING, STRIPOSIA	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: c. Imam saheb
	b) Designation	: ASST. Professor
	c) Department	: C.Imam saheb : Asst. professor : Mechanical
2.	Total Experience in Years	. 05 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	
4.	Name & Address of the Hosting Institution/ Organization	: GIET, AP
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 26 05 2020 To 27 05 2020
	Duration (No of Days)	2 Days
6.	Total estimated expenditure	: Rs. 1000
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Dr. M. Haveenkomar : Associate professor
		b) Designation	: Askociate professor
**		c) Department	: MECH
	2.	Total Experience in Years	12111
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	· Recont Trends in Quali
	4.	Name & Address of the Hosting Institution/ Organization	
	5.	Staring Date and Ending Date the Program	: 26 05 2020 To 22 05 2000
		Duration (No of Days)	O_ Days
	6.	Total estimated expenditure	: Rs. (000)
	P. AT & DESCRIPTION ASSOCIATES		Signature of the Applicant
		FOR OFFICE U	SE
	l.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/NOT FORWARDED
			Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	RECOMMENDED NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL DIBECTORPAL



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: V. Ramaling swar Rav
	b) Designation	: V. Ramalingswar Rao : Asp c. professor : mechanical
	c) Department	: mechanical
2.	Total Experience in Years	: 20 yeary
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	END M
4.	Name & Address of the Hosting Institution/ Organization	: GIET
		· · · · · · · · · · · · · · · · · · ·
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 26 05 2020 To 24 05 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 1000
		*
		Vila
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal PRINCIPAL

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SEMINARS SYMPOSIA CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Assoc. Prof.
	b) Designation	: ASSOC. Prof.
	c) Department	: ECE
2.	Total Experience in Years	:
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Autificial Intelligence
4.	Name & Address of the Hosting Institution/ Organization	: BINITS, Hyd.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 22 05 2020 To 26 05 2020
	Duration (No of Days)	3 Days
6.	Total estimated expenditure	: Rs. 500/
		Signature of the Applicant

Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of



PROFORMA FOR DEPUTATION OF FACULTY/STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STTP, SEMINARS, SYMPOSIA,	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staffb) Designationc) Department	: Mr. ch. sandeep : Assistant Professor
2.	Total Experience in Years Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop.	: ECE : 9 years : Designiz with zine coc and : h
4.	Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended Name & Address of the Hosting Institution/ Organization	Designing with zing soc and its applications TNTUH
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 16 10 2019 To 18 10 2019
6.	Duration (No of Days) Total estimated expenditure	3 Days : Rs. 500 -
		Signature of the Applicant
	FOR OFFICE U	SE _

Remarks of the HOD (Forwarded/ Not Forwarded)

FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

Aziznagargata, C.B. Post. Hyderabad-500 075.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Mr G. RAVI KUMAR
		b) Designation	: Avisot Pro
		c) Department	: Arisot Prop : BCB
	2.	Total Experience in Years	: 9 years
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Arch Chellinger and Innovations in Renewable Energy
	4.	Name & Address of the Hosting Institution/ Organization	: Ampadai Veceder Int of Feel
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 11 05 2020 To [6 65 2020
		Duration (No of Days)	6 Days
	6.	Total estimated expenditure	: Rs. 200/-
			-Signature of the Applicant
		FOR OFFICE U	JSE
)-	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
			Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal
	Th	is is to certify that the above application has bee	n accepted and sponsored by the college for the
		plied programme	political de la company de la

PRINCIPAL / DIRECTOR

Vidya Jyothi Institute of Technology Aziznagargate, C.B. Post,

Hyderabad-500 075.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: G. Ravi Kishore. : Assoc. Prof.
	b) Designation	: ASSOC. Prof.
	c) Department	: ECE.
2.	Total Experience in Years	
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Devloping Teachers overall personality,
4.	Name & Address of the Hosting Institution/ Organization	: Prevana college of. commerce, Nagpur.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 11 5 2020 To 20 5 2020
	Duration (No of Days)	10 Days
6.	Total estimated expenditure	: Rs. 300/
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
1.	Remarks of the HOD	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Remarks of the HOD	· Marin
	Remarks of the HOD (Forwarded/ Not Forwarded) Recommendations of the Principal	Signature of the HOD
2. Th	Remarks of the HOD (Forwarded/ Not Forwarded) Recommendations of the Principal (Recommended/ Not Recommended) is is to certify that the above application has been plied programme	Signature of the HOD : RECOMMENDED/ NOT RECOMMENDED Signature of the Principal



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Dr. M. Girish Kumar.
	b) Designation	: Professor.
	c) Department	: Let
2.	Total Experience in Years	~ ~ . :
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: MOODLE Leaving Management System
4.	Name & Address of the Hosting Institution/ Organization	: Singhad first of Teelast pure.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 1 5 2020 To 6 5 2020
	Duration (No of Days)	6. Days
6.	Total estimated expenditure	: Rs. 400/
		Signature of the Applicant
	FOR OFFICE U	ISE /
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
Thi	is is to certify that the above application has been plied programme	Vidya Jyothi Institute of Technology Hyderabad Foest

Aziznagargate, C.B. Post, Hyderabad-500 075



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mr. G. Srècuivasa Rao.
	b) Designation	: Assoc. Prof.
	c) Department	: ECE.
2.	Total Experience in Years	
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Artificial Fidelizence
4.	Name & Address of the Hosting Institution/ Organization	: G. Naragunguma Justof Teel
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 22 5 2020 To 26 3 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. \$00/
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
	is is to certify that the above application has been plied programme	Vidva har PRINCIPAL
	PRINCIPAL	Aziznagargate, C.B. Post. Hyderabad-500 075.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STTP, SEMINARS, SYMPOSIA,	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff b) Designation	: E Supraja : Asst Proj.
	c) Department	: ECE
2.	Total Experience in Years	: 3 400 -
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Astificial Intelligence
4.	Name & Address of the Hosting Institution/ Organization	: G. Norwyanamma Inst. C. · Science & Technology Hyd.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 22 05 2010 To 26 05 2010
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 500 (
		Signature of the Applicant
	FOR OFFICE U	USE -
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

Vidya Jyothi haltute of Technology Aziznegargete, C.B. Post, Hyderabad-500 075.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

-	, SEMINAICS, SYMPOSIA, C	CONF	ERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	:	S. Raga Deepthi
	b) Designation	:	Assistant professor
	c) Department	:	ECE
2.	Total Experience in Years	:	04. years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	:	Developing Pytton GUI Application Using pyges
4.	Name & Address of the Hosting Institution/ Organization	:	Chennai, satyaBhamainstitude of technology.
5.	Staring Date and Ending Date the Program		DD MM YYYY Q5 O5 2020 To 29 O5 2020
	Duration (No of Days)		05 Days
6.	Total estimated expenditure	:	Rs. 400 -
			Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,			
1.	a) Name of the Faculty/ Staff	: p. prashants		
	b) Designation	: p. prashants : Assistant professor		
	c) Department	: ECE		
2.	Total Experience in Years	: Asovication		
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Developing python QUI Apprection Using pyqt5		
4.	Name & Address of the Hosting Institution/ Organization	: SATYABHAMA INSTITUTEOF TECH, CHENNAI		
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 95 05 2020 To 29 05 2020		
	Duration (No of Days)	OS Days		
6.	Total estimated expenditure	: Rs. 400 —		
		Signature of the Applicant		

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Der V. G. Siva Kumar
	b) Designation	: Assoc. Rrof
	c) Department	: ECE
2.	Total Experience in Years	:
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Developing PYTHON GUI Application using Ry
4.	Name & Address of the Hosting Institution/ Organization	: Satyabama Institute
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 25 05 2020 To 29 05 2020
	Duration (No of Days)	S Days
6.	Total estimated expenditure	: Rs. 400
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
2.	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the HOD RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff		Ms.	Parritra	·A
	b) Designation	:	Assit-	Prop	
	c) Department		F.CF	- D	

- 2.
- c) Department : ECE

 Total Experience in Years : 7 Have

 Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, 3. Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name & Address of the Hosting Institution/: SLEE VIDY ANIXETAAN ENGL College A.P.
Organization

DD

MM

Staring Date and Ending Date the Program 2020 015 2010

Days

6. Total estimated expenditure 300/-Rs.

Duration (No of Days)

YYYY

DD

MM

YYYY

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP. SEMINARS SYMPOSIA CONFEDENCES WORKSHOPS ETC.

	SCCII AS STIT, SEMINARS, STWI OSIA,	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: P. Lakehmi Priya : Asst. Prof.
	b) Designation	: Asst. Prof.
	c) Department	: CSE
2.	Total Experience in Years	: 10 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 10 years : FDP on Rig Date Tools
4.	Name & Address of the Hosting Institution/ Organization	: ST. Marthe Engheening College
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 18 5 2020 To 23 5 2020
	Duration (No of Days)	6 Days
6.	Total estimated expenditure	: Rs. 200 -
		Signature of the Applicant
	FOR OFFICE U	<u>JSE</u>
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HQD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

: K. Keouthi a) Name of the Faculty/ Staff

: All prof b) Designation

: CSE c) Department

: 4.5 Total Experience in Years

Name of the Academic Programme Viz. FDP, : FDP on Intellect of Things 3. Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name & Address of the Hosting Institution/: Anuxag group of Introduced Organization 4.

5. Staring Date and Ending Date the Program

MM YYYY DD DD MM YYYY 202 5600 To 06 06

Days Duration (No of Days)

Total estimated expenditure 6.

: Rs. 0900/_

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

AL DIRECTOR Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

		ACRES OF THE PARTY
1.	a) Name of the Faculty/ Staff	: A-Swarna : Ant perf
	b) Designation	: And perf
	c) Department	· Auc
2.	Total Experience in Years	: 14 year.
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which	: 14 years. : FDP on Data Science
	the Faculty/ Staff is recommended	
4.	Name & Address of the Hosting Institution/ Organization	: TASK - EXCELL
e		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 01 07 2020 To 24 07 2020
	Duration (No of Days)	24 Days
6.	Total estimated expenditure	: Rs. 1080/
	*	Signature of the Applicant

FOR OFFICE USE

 Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

: RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	SUCH AS STIT, SEMINARS, STIM OSIA,	CONTENENCED, WOMEN'S ET CH
1.	a) Name of the Faculty/ Staff b) Designation c) Department	: B. Sailag a : ANOC. Prof : CSE
2		: 14 475
2.	Total Experience in Years	
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Block chain Technologies-FDF
4.	Name & Address of the Hosting Institution/ Organization	: GEC, Gradlavalleru.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 09 06 2020 To 18 06 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 500/-
ta .		Signature of the Applicant
	FOR OFFICE	USE
190	D 1 Cd HOD	. FORWARDED/ NOT FORWARDED

Remarks of the HOD (Forwarded/ Not Forwarded)

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	SUCH ASSITI, SEMINARS, STATIOSIN,	1 0 0 1
1.	a) Name of the Faculty/ Staff	: Syed. Hohammed Asit : Asst. prot
	b) Designation	: Asst. prot
	c) Department	: CSE
2.	Total Experience in Years	: 3 years : FDP on Artificial Intelligence
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: FDp on Artificial Intelligence
4.	Name & Address of the Hosting Institution/ Organization	: CBIT
5.	Staring Date and Ending Date the Program	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 500 —
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> in Re of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



 $PROFORMA\ FOR\ DEPUTATION\ OF\ FACULTY/STAFF\ MEMBERS\ FOR\ PARTICIPATION\ IN\ ACADEMIC\ PROGRAMMES$ SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: ADURI BABU RAO : ASST. PROF
	b) Designation	: ASST-PROF
	c) Department	: CSE
2.	Total Experience in Years	: 4 YEARS
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: FDP ON ARTIFICIAL INTELLIBE
4.	Name & Address of the Hosting Institution/ Organization	: CBIT
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 22 05 2020 To 26 05 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 500 -
		Adu

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> Himayatnagar (Vill), 6.B. Post. Hyderabad-15.



applied programme

Vidya Jyothi Institute of Technology (Autonomous) Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STIP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	SUCH AS STIP, SEMINARS, SYMPOSIA, C	CONTERENCES
1.	a) Name of the Faculty/ Staff	: Mahalaxmi · P : Asst.prof : CSE
	b) Designation	: Assi-prof
	c) Department	: CSE
2.	Total Experience in Years	: 1year
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Tyear : Fop on Deteficial Sixtelly
4.	Name & Address of the Hosting Institution/ Organization	: CBIT
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 22 05 2020 To 26 05 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 5006
		Signature of the Applicant
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the

PRINCIPALIN DAVING OF Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ S	taff	: CH. DEEPIKA
b) Designation		: ASST- PROF
c) Department		: CSE
2. Total Experience in Years	S	: I Dyears
Seminar, Symposium,	inclose details) for which	: Fop on Arothice-
4. Name & Address of Organization	the Hosting Institution/	: CBIT, Had
		DD MM YYYY DD MM YYYY
5. Staring Date and Ending	Date the Program	: 22 05 2800 To 26 05 2000
Dura	ation (No of Days)	Days
6. Total estimated expendit	ure	: Rs. '500] -
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

> PRINCIPAL L'DIRECTOR Himayatnagar (Vill), C.B. Post., Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

-		
1.	a) Name of the Faculty/ Staff b) Designation	: G. Kalpana : Asst prodessor
	c) Department	: CSE
2.	Total Experience in Years	: In yes : Foundation For machine learning
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Foundation For
4.	Name & Address of the Hosting Institution/ Organization	: SNIST
		DR MM VVVV DR MM VVVV
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 14 12 2020 To 18 12 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 500/-
		· lkaho
		Signature of the Applicant

FOR OFFICE USE

 Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

: RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL DIRECTOR



2.

Recommendations of the Principal (Recommended/ Not Recommended)

Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: P. SANDHYA : Asst pmf
	b) Designation	: Asst pmf
	c) Department	N I F
2.	Total Experience in Years	: loyears
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 10 years : Fop on Recent Advances In Blocket Annly lots of (10T bound Devices using for comperly Mallakeddy CEF, Hyg
4.	Name & Address of the Hosting Institution/ Organization	: for congerty Mallakeddy CEF, Hyg
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 14 12 2020 To 26 12 2870
	Duration (No of Days)	12 Days
6.	Total estimated expenditure	: Rs. 500]-
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
4		Signature of the HOD

Signature of the Principal

RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL DIRECTOR Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

*1.	a) Name of the Faculty/ Staff b) Designation	: Munga Kauya : Assistant proffesor
	c) Department	: CSE
2.	Total Experience in Years	: 7 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 7 years : FDP on Deep learning and ults Applications
4.	Name & Address of the Hosting Institution/ Organization	: Malla Reddy Engineering College.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 12 2020 To [2 12 2020]
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 500 -
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD
 (Forwarded/ Not Forwarded)

: FORWARDED/ NOT FORWARDED

Signature of the HOD

 Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL / DIRECTOR Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	:	K. Bhavya Asst. Professor
	b) Designation	:	Asst. Professor
	c) Department	:	CSE
2.	Total Experience in Years	:	1
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	:	FDP on Applied Deep Learning with Pythoxich
4.	Name & Address of the Hosting Institution/ Organization	:	Anurag Engineering College
5.	Staring Date and Ending Date the Program	:[DD MM YYYY DD MM YYYY 03 08 2020 To 08 08 2020
	Duration (No of Days)		6 Days
6.	Total estimated expenditure	:	Rs. 500/-

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Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

Vidya Jyothi Institute of Technology Hlmayatnagar (Vill), C.B. Post.,



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: ABOUL MAJEED
	b) Designation	: ASSISTANT PROFESSOR
	c) Department	: CSE
2.	Total Experience in Years	: 9 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	real time tools"
4.	Name & Address of the Hosting Institution/ Organization	: Bharalt Institute of Enggs Technology.
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 29 6 2020 To 3 7 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 500/
		B
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD.

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

AL DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: P. Swetta : Ansoc Prof. : Ust
	b) Designation	: pasoc Prof.
	c) Department	: U.€
2.	Total Experience in Years	: 13 yrs.
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: FDP on Business Analytic cusing Python : Magnow. Tirumala Enggr College.
4.	Name & Address of the Hosting Institution/ Organization	: Mogro. Tirumala Enggr collège.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 20 06 2020 To 26 06 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 500/_
		Signature of the Applicant
	FOR OFFICE	<u>USE</u>
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED Signature of the Principal
	his is to certify that the above application has be oplied programme.	een accepted and sponsored by the college for the PRWCIPAL Vidya Jyothi Institute of Technology Vidya Jyothi Institute of Technology

Himayatnagar (Vill), C.B. Post., Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	SUCH AS STTP, SEMINARS, SYMPOSIA, C	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff b) Designation c) Department	: S.BRI LAKSHMI : ASSA. professol : CSE
2.	Total Experience in Years	: 13
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: CSE : CSE stacks.
4.	Name & Address of the Hosting Institution/ Organization	: Mast
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 20 07 2020 To 2M 07 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 500 Signature of the Applicant
	FOR OFFICE	<u>USE</u>
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/NOT FORWARDED

Signature of the HQD

 Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL DIRECTOR



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff b) Designation	: T. Maanasa. : A SSOT. prof.
	c) Department	: CSF
2.	Total Experience in Years	: 12 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 12 years : FDP on -Advanced Data processing using ML, Ann
4.	Name & Address of the Hosting Institution/ Organization	
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 13 07 2020 To 12 63 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 5001-

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD
 (Forwarded/ Not Forwarded)

: FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

PRINCIPAL DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: G. Surexha.
	b) Designation	: G. Surexha. : Assistant profesion
	c) Department	: CS6
2.	Total Experience in Years	
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Fop on Computer N/w Simulation usy NB3 Smulation usy NB3
4.	Name & Address of the Hosting Institution/ Organization	MGIT / Held
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 10 8 2000 To 14 3 2000
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 500)
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
	(Forwarded Not Forwarded)	Signature of the Fron
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
ar.	his is to contify that the above application has be	pen accented and snonsored by the college for the

applied programme.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: D. Anil
	b) Designation	: D. Anil : Assoc. prof.
	c) Department	CT
2.	Total Experience in Years	: 15 years.
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	i Analytics using python
4.	Name & Address of the Hosting Institution/ Organization	1: TKR college of Engineerie
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 500
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
7	This is to certify that the above application has b	peen accepted and sponsored by the college for the
	applied programme PRINCIPAL	DIRECTOR DE PRINCIPAL
		VIOVA Jvolbi Institut

Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

Ï.	a) Name of the Faculty/ Staff b) Designation	: P. Kareshmi Sony : Aest Prof
	c) Department	: 1
2.	Total Experience in Years	: 11+ years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop,	: One week FDP on Python 343 & Python Django
	Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	& Python Djaugo
4.	Name & Address of the Hosting Institution/ Organization	: (MR Eugg College
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 04 06 20 20 To 3 06 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 1000
	2	Phos

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Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the Applicant

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) : RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: J. Deepska
	b) Designation	: Ast-Prof

4.	Name	&	Address	of	the	Hosting	Institution/	:	C	MREC
	Organi	rzati	on)//

		n	D	MM	YYYY		DD	MM	YYYY
5.	Staring Date and Ending Date the Program	: 0	8	06	3030	То	13	06	2010
	Duration (No of Days)	6)	$\Box_{\mathbf{D}}$	avs				

Duration (No of Days)	& Days
Total estimated expenditure	: Rs. 500

Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded) Not Forwarded)

6.

: FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended) Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / INSERTORAL



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Sana Farheen
	b) Designation	: Assistant Professor
	c) Department	: IT
2.	Total Experience in Years	: 2473
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: One Week FDP on Python 3.4.3 & Python Dj
4.	Name & Address of the Hosting Institution/ Organization	: CMREC
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 08 06 20 To 08 06 20
	Duration (No of Days)	6 Days
6.	Total estimated expenditure	: Rs. 500/_
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded)

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Recommendations of the Principal 2. (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES CLICITALS CETTED CEMINA DE CUMPOCIA CONFEDENCES WODVSHOPS ETC

	SUCH AS STIP, SEMINARS, STIM OSIA, C	CONTERENCES, WORKSHOTS ETC.,
1.	a) Name of the Faculty/ Staffb) Designationc) Department	: C. RAMABRISHNA : ACST PROFESSOR : IT
2.	Total Experience in Years	-
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: ONE WEEK NATIONAL LEVEL FD: on " computer METWORKS SEMULATION USING NO.2.
4.	Name & Address of the Hosting Institution/ Organization	: M.G.2-1
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 10 08 2020 To 14 08 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	CRass
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		()

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: G. Indha Prijadelmi
		b) Designation	: Assoc. Rex
		c) Department	: IT
	2.	Total Experience in Years	: 15years.
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: ONE week FDP an Intelligent Computing in Data Science.
	4.	Name & Address of the Hosting Institution/ Organization	: Aditya Just of Technolog and Mynt, tekali
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY To
		Duration (No of Days)	Days
	6.	Total estimated expenditure	: Rs. 800
111			Signature of the Applicant
		FOR OFFICE U	JSE
	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
			Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED Signature of the Principal
	Th ap	is is to certify that the above application has been plied programme	,

PRINCIPAL DIRECTOR



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

: B. Sravanthi a) Name of the Faculty/ Staff 1. : Asst. Prot b) Designation c) Department 06/2091 2. Total Experience in Years one Week FDP on Intelligent Computing in Data science Name of the Academic Programme Viz. FDP, : 3. Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended Name & Address of the Hosting Institution/: Aditya Institute of Technology Organization 4. and Management Te kali Organization YYYY DD MM YYYY DD MM 5. Staring Date and Ending Date the Program To 06 2016 16 2000 Days Duration (No of Days) 8001-Total estimated expenditure Rs. 6. Signature of the Applicant

FOR OFFICE USE

 Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

 Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STIP, SEMINARS, SYMPOSIA,	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staffb) Designationc) Department	: G. Chencharao : Asst. protessor
	THE CO.	: <u>,</u> ,,,
2.	Total Experience in Years	: 8476
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	some time in the cal
4.	Name & Address of the Hosting Institution/ Organization	: Aditya Birola Institute of Techno and Management
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 16 06 2020 To 20 06 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 800/~
		Signature of the Applicant
	FOR OFFICE	USE

Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

THE RESERVE OF THE PARTY OF THE		
1.	a) Name of the Faculty/ Staff	: Dr. Shrihari Saduwale
	b) Designation	: professor : civil Engineeing : 26 Years
	c) Department	: civil Engineeing
2.	Total Experience in Years	: 26 Years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Design of fainforced concelle Structures
4.	Name & Address of the Hosting Institution/ Organization	: NPTEL-IIT MADRAS
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 07 2019 To 10 2019
	Duration (No of Days)	&q Days
6.	Total estimated expenditure	: Rs. 1100
		6. cu}
		8 CM 3

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the Applicant

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> PRINCIPALINDIRACTOR Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75,

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: S-Nagarjuma
	b) Designation	: S. Nagarjuna : Asst. professor : CIVIL
	c) Department	: CIVIL
2.	Total Experience in Years	: 10 man Inp
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: strength of materials
4.	Name & Address of the Hosting Institution/ Organization	: NPTEL DIT KRAGHPUR
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 07 2019 To 10 2019
	Duration (No of Days)	84 Days
6.	Total estimated expenditure	: Rs. 1100/-
		Signature of the Applicant
a carron and	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
1.	Remarks of the HOD (Forwarded/ Not Forwarded) Recommendations of the Principal (Recommended/ Not Recommended)	Caloui
	(Forwarded/ Not Forwarded) Recommendations of the Principal	Signature of the HOD
2.	(Forwarded/ Not Forwarded) Recommendations of the Principal (Recommended/ Not Recommended) This is to certify that the above application has be	Signature of the HOD : RECOMMENDED/ NOT RECOMMENDED
2.	(Forwarded/ Not Forwarded) Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the HOD : RECOMMENDED/ NOT RECOMMENDED Signature of the Principal cen accepted and sponsored by the college for the
2.	(Forwarded/ Not Forwarded) Recommendations of the Principal (Recommended/ Not Recommended) This is to certify that the above application has be applied programme	Signature of the HOD : RECOMMENDED/ NOT RECOMMENDED Signature of the Principal cen accepted and sponsored by the college for the
	 3. 4. 5. 	c) Department 2. Total Experience in Years 3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended 4. Name & Address of the Hosting Institution/ Organization 5. Staring Date and Ending Date the Program Duration (No of Days) 6. Total estimated expenditure

PROFORMA FOR DEPUTATION OF FACULTY/STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: A. Venkat Car Couthing
		b) Designation	: Accor. Pofellog.
		e) Department	: Dept of Con Engineerson
	2.	Total Experience in Years	: Accol. Poteccos. : Dept. of Confl Engineerson
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: GPS Cuerreying
	4.	Name & Address of the Hosting Institution/ Organization	: NATEL, IIT Rookee
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 07 2019 To 08 2019
		Duration (No of Days)	28 Days
	6.	Total estimated expenditure	: Rs. 1100/-
			Signature of the Applicant
		FOR OFFICE	USE
0	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal
		applied programme	een accepted and sponsored by the college for the
	,		NCIPAL



2.

Vidya Jyothi Institute of Technology (Autonomous)

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mr. A. Mara Simha Kai
	b) Designation	:- A GOC. MOF
	c) Department	: 1220

3.

c) Department

Total Experience in Years

Name of the Academic Programme Viz. FDP,

Sominar Symposium, Conference, Workshop,

Analytic.

- Name & Address of the Hosting Institution/: IIT, Madvas 4. Organization
- DD YYYY MM YYYY 5. Staring Date and Ending Date the Program 2019 To

Duration (No of Days) 90 Days

6. Total estimated expenditure

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

ABAD-500 075.

Signature of the Principal PRINCIPAL

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Ms. E. Kalpana	
		b) Designation	: Ms. E. Kalpana : Assoc Prof.	
10		c) Department	: ECE	
	2.	Total Experience in Years		
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Fundamentals electronic device fabrication	
	4.	Name & Address of the Hosting Institution/ Organization	: swayam, p.p.T.F.L. IIT Madras	
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY To	
		Duration (No of Days)	04 Days Weeks	
	6.	Total estimated expenditure	: Rs. 1100/	
			Signature of the Applicant	
		FOR OFFICE USE		
Ò	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED	
			Signature of the HOD	
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED	
М			Signature of the Principal	
	This is to certify that the above application has been accepted and sponsored by the college for the applied programme			
		PRINCIPAL	PRINCIPAL Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.	



	1.	a) Name of the Faculty/ Staff	: Mr Someswar Rao Gaddala
		b) Designation	: Asst. professor
		c) Department	: ECE
	2.	Total Experience in Years	4
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Fundamentals of Electronic device fabrication
	4.	Name & Address of the Hosting Institution/ Organization	: Swagam NPTEL mline
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY To
		Duration (No of Days)	Days 4 Weeks
	6.	Total estimated expenditure	: Rs. 100
			Signature of the Applicant
		FOR OFFICE U	JSE
O'	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
			Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal
	ТЬ	is is to contifu that the above and it is to be	
9		tis is to certify that the above application has been plied programme	PRINCIPAL Vidya Jyothi Institute of Technology
		PRINCIPĄLVI	Himayatnagar (Vill), C.B. Post., Hyderabad-75.



	1.	a) Name of the Faculty/ Staff	: Mr. Amgoth Laxman
		b) Designation	: Mr. Amgoth Laxman : Asst-professor
		c) Department	:
	2.	Total Experience in Years	: qyears
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Digital Circuetz
	4.	Name & Address of the Hosting Institution/ Organization	: Swayarn NPTEL Online ITT-Madras Khangpur
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY To
		Duration (No of Days)	- Days
	6.	Total estimated expenditure	: Rs. 1100
			Signature of the Applicant
		FOR OFFICE U	JSE
•	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
			signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal
	Thi	is is to certify that the above application has bee	n accepted and sponsored by the college for the
		plied programme PRINCIPAL	And PRINCIPAL



	1.	a) Name of the Faculty/ Staff	: Ms. Jalkam Stidevi
		b) Designation	: Asst. perofessor.
		c) Department	: ECE
	2.	Total Experience in Years	: 13
	3.	Name of the Academic Programme Viz. Seminar, Symposium, Conference, Work Training Program etc. (Enclose details) for the Faculty/ Staff is recommended	shop, Digital Image position
	4.	Name & Address of the Hosting Instit Organization	nution: Swayarm NPTEL on line
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : To
		Duration (No of Days)	Days & Week
	6.	Total estimated expenditure	: Rs. 1100/
			Signature of the Applicant
		FOR OF	FICE USE
0	I.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
			Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal
	Th	is is to certify that the above application b	as been accepted and sponsored by the college for the
		plied programme PRINCIP	Allams PRINCIPAL



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

		_	20 20 4 P. P. S. SANDA THE SANDA SAN
1.	a) Name of the Faculty/ Staff	:	Mrs. Santhi Pringer Ant Prog
	b) Designation	:	AMO Proj
	c) Department	:	ECE -
2.	Total Experience in Years	:	0
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	:	Swagam, NPTEL online Fundmental sleetmonic Device Advication
4.	Name & Address of the Hosting Institution/ Organization	:	MPTEL, IIIT Madrow
5.	Staring Date and Ending Date the Program	:[DD MM YYYY DD MM YYYY 07 2019 To 08 2019
	Duration (No of Days)		8×7 Days 8 weeks
6.	Total estimated expenditure	:	Rs. 1100 /-
			Ata,
 			Signature of the Applicant
	FOR OFFICE U	ISE	· - /
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	:	FORWARDED/ NOT FORWARDED
	(Forwarded) Not Forwarded)		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	:	RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal
This	s is to certify that the above application has been	ı ac	excepted and sponsored by the college for the
app	lied programme		1.11. 1.11

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: K. Arivo Goud.
	b) Designation	: K. Arjon Good. : Asst Protessor
	c) Department	: mBA
2.	Total Experience in Years	: 10 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	in "Impact of micro Finance on women E/chip"
4.	Name & Address of the Hosting Institution/ Organization	: South Asia Intitute for Reneach
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 27 11 2019 To 27 11 2019
	Duration (No of Days)	/ Days
6.	Total estimated expenditure	: Rs. 500/-
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Department of Department of
2.	Recommendations of the Principal (Recommended/ Not Recommended)	Signature of the HOD of Business Administration VIDYA JYOTHI INSTITUTE OF TECHNOLOGY VIDYA JYOTHI INSTITUTE OF TECHNOLOGY VIDYA JYOTHI RECOMMENDED : RECOMMENDED NEXT RECOMMENDED
		Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.

Sponsoring Letters of Workshops

Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff

b) Designation

c) Department

Total Experience in Years 2.

Name of the Academic Programme Viz. FDP, : 3. Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name & Address of the Hosting Institution/: NIT, Warangal

: S. RAGAVENDRA

Ast, busp

Civil Engineering

3 years

Transportation in a High-Icch

Automated Connected vewicle world

Staring Date and Ending Date the Program

DD MM 2019 2019

Duration (No of Days)

Total estimated expenditure

Days

4000 -

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> PRINCIPAL DIRECTOR
> Vidya Jyothi Institute of Technology
> Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: VITHAL BIRADAR
	b) Designation	: Assistant professor
	c) Department	: civil Engineering
2.	Total Experience in Years	: Assistant professor : civil Engineering : 03 years.
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Indisan Green Building Council, Membership -
4.	Name & Address of the Hosting Institution/ Organization	: Indian Green Briding
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 03 10 2020 To
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 2950/
		man .
		Signature of the Applicant
The state of the s	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/NOT FORWARDED
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
		been accepted and sponsored by the college for the
	applied programme	Mrs. S
	PRINCIPAL	/DIRECTOR
	Vidya Jyothi	Institute of Technology

Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY/STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STIP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff 1.

b) Designation

c) Department

2. Total Experience in Years

3. Name of the Academic Programme Viz. FDP, : Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name & Address of the Hosting Institution/: 4. Organization

: G. Shravya : Assistant Professor.

Mechanical Eng.

Two weeks worushop on "Internet

J MTU, H

Staring Date and Ending Date the Program 5.

YYYY 09 2020

DD MM YYYY 10 2020

Duration (No of Days)

Days

6. Total estimated expenditure

: Rs. 2000 -

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded)

FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY/STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: K. Ashok chary
	b) Designation	: K. Ashok chary : Assistant Professor
	c) Department	: Mechanical
2.	Total Experience in Years	: 08 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	
4.	Name & Address of the Hosting Institution/ Organization	: Armany JNTU-HYD
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 28 09 2020 To 10 10 2020
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 2000 -
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	:	J. Virage
	b) Designation	. :	Assl- Prof
	c) Department		Mechanical
2.	Total Experience in Years		104-0-1

3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

the Faculty/ Staff is recommended

Internet Things "

4. Name & Address of the Hosting Institution/: Organization

MUTH

		DD	MM	YYYY		DD	MM	YYYY
5.	Staring Date and Ending Date the Program	: 98	09	2010	To	10	10	2020

Duration (No of Days)

Days

6. Total estimated expenditure

: Rs. 2000

Signature of the Applicant

FOR OFFICE USE

 Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

PRINCIPAL

Vidya Jyothi Institute of Technology
Himayatnagar (Vill), C.B. Post.,



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.

		THE PARTICLES, IT ORRESTORS ETC.,
1.	a) Name of the Faculty/ Staff	: M. Vijaya
	b) Designation	: M. víjaya : Arst-prof
	c) Department	: CSE
2.	Total Experience in Years	: 14
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	0 0 00
4.	Name & Address of the Hosting Institution/ Organization	: GRIET, Hyd.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 19 D9 2019 To 20 09 2019
	Duration (No of Days)	2 Days
6.	Total estimated expenditure	: Rs. 300
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded)

FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

f the Principal



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

M			
	1.	a) Name of the Faculty/ Staff	: S. Prya
		b) Designation	: S. Phya : Assistant hoper
		c) Department	: est
	2.	Total Experience in Years	: 10 900
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Hardon workhop on Simulation of winder Genson networks up NS-3 Simulator
	4.	Name & Address of the Hosting Institution/ Organization	
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY 19 09 2019 To 20 09 2019
		Duration (No of Days)	02 Days
	6.	Total estimated expenditure	: Rs. 300/_
			Signature of the Applicant
		FOR OFFICE U	<u>SE</u>

Remarks of the HOD (Forwarded/ Not Forwarded)

FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

L/DIRECTOR Vidya Jyothi Institute of Technology

Himayatnagar (Viil), C.B. Post., Hyderabad-75.



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

10	SUCH AS STIP, SEMINARS, STMPOSIA, C	ONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: K "SKK Sagna : Asar · Portessor
	b) Designation	: A-set . Protessor
	c) Department	: USE
2.	Total Experience in Years	: 15
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: ROBERT Workshop on Zot
4.	Name & Address of the Hosting Institution/ Organization	: JNTUH
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 28 09 2020 To 6 10 2020
	Duration (No of Days)	14 Days
6.	Total estimated expenditure	: Rs. 2000
		Signature of the Applicant
	FOR OFFICE	USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme.

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SHOU AS STED SEMINADS SYMBOSIA CONFEDENCES WORKSHOPS FTC

	been as striy seminans, stim osia,	CONTENENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff b) Designation	: B. Eswar Belry : Assoc Professor
	c) Department	: Pt
2.	Total Experience in Years	:
3,	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 2 Deep pronectof on 20 T
4.	Name & Address of the Hosting Institution/ Organization	: THICH
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 2809 2020 TO DO 0 2020
	Duration (No of Days)	13 Days
6.	Total estimated expenditure	: Rs. 2000
		Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

Vidya Jyothi Institute of Technology Himayatnagar (Vili), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: A Devacitor
	b) Designation	: Askor Professor
	c) Department	: IT
2.	Total Experience in Years	:
3.	Name of the Academic Programme Viz. FDI Seminar, Symposium, Conference, Worksho Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	p,
4.	Name & Address of the Hosting Institution Organization	n: Arunag Georg of Bustitution
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 05 01 2020 To -
	Duration (No of Days)	Days
6.	Total estimated expenditure	: Rs. 500
		Signature of the Applicant
	FOR OFFICE	E USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: R. Padme venleet
	b) Designation	: Assoc. Prof
	c) Department	: H&S
2.	Total Experience in Years	: 12 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Program Thain the Thainer
4.	Name & Address of the Hosting Institution/ Organization	: JNIUH
		DD MM YYYY DD MM YYYY
5.	Staring Date and Ending Date the Program	: 05 08 2019 To 07 08 2019
	Duration (No of Days)	03 Days
6.	Total estimated expenditure	: Rs. 1000
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
	his is to certify that the above application has be oplied programme	en accepted and sponsored by the college for the
	I S W I A I V	

Widya Jyothii Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad 75.

Sponsoring Letters of STTPs



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STIT, SEMINARS, STWIFUSIA, C	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: P. Vaishnavi Devi : Appt- Profestor.
	b) Designation	: Prof. Dufeller.
	c) Department	: EEE
2.	Total Experience in Years	: 13 year.
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 277P - Mitigation of Power Quality Defres in Distribute Genevation Systems using custom Power Devicy -2
4.	Name & Address of the Hosting Institution/ Organization	R.M.D. Engineering college, Karavaipetter.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 20 07 2020 To 25 07 2020
	Duration (No of Days)	O G Days
6.	Total estimated expenditure	: Rs. 500/
		Signature of the Applicant
	FOR OFFICE U	USE
. 1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Signature of the HOD

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> PRINCIPAL / DIRECTOR Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES

	SUCH AS STIP, SEMINARS, STMPOSIA, C	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff	: Ms. A. Spilalua : Agst. PMr.
	b) Designation	: Aget. PM.
	c) Department	: EEE
2.	Total Experience in Years	: 14
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	^ /
4.	Name & Address of the Hosting Institution/ Organization	RAMCET
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 24 Of 20 20 To 29 08 20 20
	Duration (No of Days)	O C Days
6.	Total estimated expenditure	: Rs. 500/
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD	: FORWARDED/ NOT FORWARDED

(Forwarded/ Not Forwarded)

Signature of the HOD HYDERABAD-500 075.

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Resociate profession
	b) Designation	: Associate professions
	c) Department	: EEE
2.	Total Experience in Years	: 14 years
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	Eletral Engheering Vehicular Buffery charging y grid
4.	Name & Address of the Hosting Institution/ Organization	: Vathor institute of Took Lajcev Gandhi memorial college of Engineering y Technology
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 08 06 2020 To 12 06 2020
	Duration (No of Days)	5 Days
6.	Total estimated expenditure	: Rs. 500
		Signature of the Applicant
	FOR OFFICE	USE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/NOT FORWARDED Float of Department Electrical & Electronics Engineering MOYA Signature of the HOD HIYDERAE
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT-RECOMMENDED Signature of the Principal

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

> PRINCIPAL / DIRECTOR CIPAL Vidya Lyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mrs. S. Chaitanya
	b) Designation	: Mrs. S. Chaitanega : Dest. Drob
	c) Department	: EEE
2.	Total Experience in Years	: 8 heary
 4. 	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended Name & Address of the Hosting Institution/ Organization	STTP-Regearch Developments and Entre prenents and Entre prenents fin Sustainable Green Energ BVRT, Harasapyr Gid.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 21 09 2020 To 26 09 2020
	Duration (No of Days)	o 6 Days
6.	Total estimated expenditure	: Rs. 500/
		Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
		Widya Jyothi Institute of Technology
Th	is is to certify that the above application has been	n accented and sponsored by the college for the

applied programme



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP SEMINARS SYMPOSIA CONFEDENCES WORKSHOPS ETC.

	SUCITAS STIT, SEMINARS, STMIPOSIA,	CONFERENCES, WORKSHOPS ETC.,
1.	a) Name of the Faculty/ Staff b) Designation c) Department	: G. Porameshwar. : Assh prof : ECE
2.	Total Experience in Years	: 10 4005 -
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Embedded Systems in
4.	Name & Address of the Hosting Institution/ Organization	: GNITS, Hyd.
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY 25 (1 20(9 To 30 (1 20(9)
	Duration (No of Days)	6 Days
6.	Total estimated expenditure	: Rs. 500/
		Signature of the Applicant
	FOR OFFICE U	JSE /
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended)

RECOMMENDED/ NOT RECOMMENDED

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL DIRECTOR



1.	a) Name of the Faculty/ Staff	: Dr. Tulas; Praend.
	b) Designation	: Professor.
	c) Department	: ECE.
2.	Total Experience in Years	:
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Challengeand Research Avenue in signal and Junge processing : Svi Vidganikeltan Enggealle
4.	Name & Address of the Hosting Institution/ Organization	: Svi Vidganiketham Euggegle Trupathi
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : [1] 1] 2020 To [6 1] 2019
	Duration (No of Days)	7 Days
6.	Total estimated expenditure	: Rs. 300/
		Signature of the Applicant.
	FOR OFFICE U	JSE
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
		Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
		Signature of the Principal
	is is to certify that the above application has been blied programme	PRINCIPAL Vidya Jyothi Institute of Technology Aziznagargate, C.B. Post,
	PRINCIPAL/1	DIRECTOR Post.

Sponsoring Letters of Webinars



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: K Sylveene !!
		b) Designation	: K Brinivasa Rao : Assistant pref : ME
		c) Department	: ME
	2.	Total Experience in Years	
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Understanding Suilding Insulation
	4.	Name & Address of the Hosting Institution/ Organization	: Annay group of Inst.
			DD MM YYYY DD MM YYYY
	5.	Staring Date and Ending Date the Program	: 30 05 2020 To
		Duration (No of Days)	0 Days
	6.	Total estimated expenditure	: Rs. 1000
			Signature of the Applicant
		FOR OFFICE U	JSE
	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED
ŧ			Signature of the HOD
	2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED
			Signature of the Principal Vidya Jyothi Institute of Technology



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

			0. 0 1 4
	1.	a) Name of the Faculty/ Staff	: R.N.S.V. Kamakarth
13		b) Designation	: R.N.s. v. Ramakarth : Aut professor
		c) Department	: methane cul
	2.	Total Experience in Years	: 04 years
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Introduction to Design of experiments.
	4.	Name & Address of the Hosting Institution/ Organization	: Arasy Engineering college, Chennai
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 27 05 2020 To
		Duration (No of Days)	O1 Days
	6.	Total estimated expenditure	: Rs. (000 /-
			Signature of the Applicant
		FOR OFFICE U	USE
	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post. Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES CHOU ACCUTE CEMINADO CVADOCIA CONFEDENCES WORKSHOPS ETC

anno II con		Sections State, Serving Res, State Ostra, C	CONFERENCES, WORKSHOTS ETC.,
1	1.	a) Name of the Faculty/ Staff	: S. Ranakrishna
		b) Designation	: S. Ranakrishne : Assistant professor
		c) Department	: medanial
2	2.	Total Experience in Years	: 2-19-20 05
3	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: FDP on understanding buildi
4	4.	Name & Address of the Hosting Institution/ Organization	: Anurag group of Institutions ahatkeshow, thy derabad
	5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 30 05 2020 To 30 05 2020
		Duration (No of Days)	O). Days
(6.	Total estimated expenditure	: Rs. 1000/-
			Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-7



Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

a) Name of the Faculty/ Staff 1.

Shaile Ismail

b) Designation

c) Department

Asst Professors Mechanical Engineer

2. Total Experience in Years

3. Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended

Name of the Academic Programme Viz. FDP, : Understanding building Insulation

Name & Address of the Hosting Institution/: Anway Group of Trytotalicular Organization 4. Organization

5. Staring Date and Ending Date the Program DD MM YYYY DD MM YYYY 2020 To 30 2010

Duration (No of Days)

Days

Total estimated expenditure 6.

: Rs. (000/-

Signature of the Applicant

FOR OFFICE USE

Remarks of the HOD 1. (Forwarded/ Not Forwarded) FORWARDED/ NOT FORWARDED

Signature of the HOD

2. Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

Midya Jyothi Institute of Technology. Himayatnagar (Vill), C.B. Post. Hyderabad-75.

This is to certify that the above application has been accepted and sponsored by the college for the applied programme

PRINCIPAL / DIRECTOR



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: Mrs. P. Pavani : Arst. Prof., : Mechanical		
	b) Designation	: Asst. Prof.,		
	c) Department	: Mechanical		
2.	Total Experience in Years	: 08 years		
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: Os years : Introduction to Design of Experiments : Arasu Engineering College, Chemai.		
4.	Name & Address of the Hosting Institution/ Organization	: Arasu Engineering College, Chemai		
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY 27 08 2020 To		
	Duration (No of Days)	O/ Days		
6.	Total estimated expenditure	: Rs. [000 _		
		Signature of the Applicant		
FOR OFFICE USE				
1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED Signature of the HOD		
2.	Recommendations of the Principal (Recommended/ Not Recommended)	: RECOMMENDED/ NOT RECOMMENDED		
		Signature of the Principal Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,		



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

	1.	a) Name of the Faculty/ Staff	: Mrs. J. Emeema	
		b) Designation	: Mechanical : Mechanical	
		c) Department	: Mechanical	
	2.	Total Experience in Years	: 18 years	
	3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	: 18 years: : Understanding VRF Systems	
	4.	Name & Address of the Hosting Institution/ Organization	: Amuag Group of Institutions, Hy desabad	
			DD MM YYYY DD MM YYYY	
	5.	Staring Date and Ending Date the Program	29 05 2020 To	
		Duration (No of Days)	Ol Days	
	6.	Total estimated expenditure	: Rs. 500/-	
			Signature of the Applicant	
FOR OFFICE USE				
	1.	Remarks of the HOD (Forwarded/ Not Forwarded)	: FORWARDED/ NOT FORWARDED	

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post., Hyderabad-75.



PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1.	a) Name of the Faculty/ Staff	: R. malathi
	b) Designation	: Asst. Professor
	c) Department	: B. malathi : Asst. professor : mechanical
2.	Total Experience in Years	: Myears
3.	Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended	One day mebinal "graphene — The Huture material
4.	Name & Address of the Hosting Institution/ Organization	: Cambridge Institula of Trehnology
5.	Staring Date and Ending Date the Program	DD MM YYYY DD MM YYYY : 1805 2020 To
	Duration (No of Days)	O/ Days
6.	Total estimated expenditure	: Rs. (000)
		Malotly Signature of the Applicant
	FOR OFFICE U	JSE
1.	Remarks of the HOD	· FÖRWARDED/ NOT FORWARDED

(Forwarded/ Not Forwarded)

Signature of the HOD

Recommendations of the Principal (Recommended/ Not Recommended) RECOMMENDED/ NOT RECOMMENDED

PRINCIPAL Vidya Jyothi Institute of Technology Himayatnagar (Vill), C.B. Post.,