

Sponsoring Letters of Conferences



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. Pallavi Baday
b) Designation : Prof. & Head
c) Department : Civil 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 : 7th international conf on transformation in Engg Education Ar
4. Name & Address of the Hosting Institution/ Organization : Anurag university Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) : 4 Days
6. Total estimated expenditure : Rs. 1600/-

Signature of the Applicant

FOR OFFICE USE

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

: FORWARDED/ NOT FORWARDED

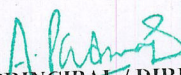
Signature of the HOD

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

1. a) Name of the Faculty/ Staff : Dr. N. SUDHARSA
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 Transformation in Engineering Education (ICTIEE-2020)
4. Name & Address of the Hosting Institution/ Organization : Anurag University, Hyderabad.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) : 04 Days
6. Total estimated expenditure : Rs. 1500

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

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



Vidya Jyothi Institute of Technology (Autonomous)

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

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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : Dr. Kamalini Devi
b) Designation : Associate professor
c) Department : Civil Engg
2. Total Experience in Years : 14th
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 in Iran
4. Name & Address of the Hosting Institution/ Organization : Ancuray University, Hyd
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
5	01	2020

 To

DD	MM	YYYY
8	1	2020

Duration (No of Days) :

4

 Days
6. Total estimated expenditure : Rs. 1500/-

K. Devi

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

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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : J. Shalada
- b) Designation : Asst. Prof
- c) Department : Civil Engg
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 : 7th International Conference on Transformation in Engineering Education
4. Name & Address of the Hosting Institution/ Organization : Anug University, Hyderabad
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
08	01	2020
- Duration (No of Days) :

4

 Days
6. Total estimated expenditure : Rs. 1500

Signature of the Applicant

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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : D.s.L. Madan Ananda Kumar
b) Designation : Associate Professor
c) Department : Mechanical Engrs.
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 : ANURAG GROUP OF INSTITUTIONS
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
8	01	2020

Duration (No of Days)

8

 Days
6. Total estimated expenditure : Rs. 2000/-

[Signature]
Signature of the Applicant

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

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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : G. Rakesh Babu.
b) Designation : Assistant Professor
c) Department : Mechanical.
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 : Transformation in Engineering Education
4. Name & Address of the Hosting Institution/ Organization : Anurag group of institutions
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
08	01	2020

Duration (No of Days)

04

 Days
6. Total estimated expenditure : Rs. 2000/-

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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : J. Jagadeesh Kumar
b) Designation : Assoc. Prof
c) Department : Mechanical
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 : 7th Int. Conference on Transformations in Engg. Education ICTIEE-2020
4. Name & Address of the Hosting Institution/ Organization : AGI & IUCEE
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) : 4 Days
6. Total estimated expenditure : Rs. 2000/-
88

Signature of the Applicant

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SUCH AS STIP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : SALETE VENKATESH
b) Designation : ASSISTANT PROFESSOR
c) Department : 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 : Transformation in Engineering Education
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
08	01	2020

Duration (No of Days)

04

 Days
6. Total estimated expenditure : Rs. 2000/-

S. Venkatesh

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Hyderabad-75.

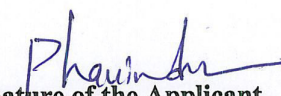


Vidya Jyothi Institute of Technology (Autonomous)

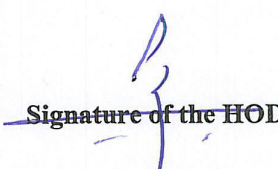
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1. a) Name of the Faculty/ Staff : Dr. V. Phaniendra Bogn
b) Designation : Associate professor
c) Department : Mechanical Engg
2. Total Experience in Years : 07 years
3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended : Advance in minerals, Metals, Materials, Manufacturing & Modelling @ NITW
4. Name & Address of the Hosting Institution/ Organization : NITW, Telangana
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
25 09 2019 To 27 09 2019
Duration (No of Days) : 03 Days
6. Total estimated expenditure : Rs. 2000/-


Signature of the Applicant

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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 (VIII), C.B. Post.,
Hyderabad-75.

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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 : K. Ravikumar
b) Designation : Asst. 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 : International Conference on Transformations in Engineering Education.
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) 04 Days
6. Total estimated expenditure : Rs. 2000/-


Signature of the Applicant

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

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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. Md. Akram Ahmed
b) Designation : Assistant Professor
c) Department : ECE
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 : International conference on Transformation in Engineering Education
4. Name & Address of the Hosting Institution/ Organization : Anug Group of Institution, Ghatkesar, Hyderabad.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
8	1	2020

Duration (No of Days)

4

 Days
6. Total estimated expenditure : Rs. 3500/-

Signature of the Applicant

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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

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Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad



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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 : International Conference on Transformation in Engineering Education
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions, Chhatrapati, Hyderabad.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	1	2020

 To

DD	MM	YYYY
8	1	2020

Duration (No of Days)

4

 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

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PRINCIPAL / DIRECTOR

PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075.



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 : Ms. Jaya Lakshmi Athukuri
b) Designation : 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 Engineering Education
ICTIEE-20
4. Name & Address of the Hosting Institution/ Organization : Anusag group of Institutions
Hyd
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) : 3 Days
6. Total estimated expenditure : Rs. 3,500/-

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

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PRINCIPAL / DIRECTOR

PRINCIPAL
Vidya Jyothi Institute of Technology
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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : *Mr. M. Rajendra Prasad*
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 : *Paper presentation in 7th International Conference on Transformations in Engg Education (ICTEE-2020) in Association with IUCEE*
4. Name & Address of the Hosting Institution/ Organization : *Anurag group of Institutions, Hyderabad*
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
08	01	2020

Duration (No of Days)

04

 Days
6. Total estimated expenditure : *Rs. 5300*

[Signature]
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : *FORWARDED/ NOT FORWARDED*
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : *RECOMMENDED/ NOT RECOMMENDED*
[Signature]
Signature of the Principal

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[Signature]
PRINCIPAL
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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : Dr. Vadivel
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 : 8th International Conference on Innovations in ECE ICIECE-2019
4. Name & Address of the Hosting Institution/ Organization : Government Engineering College, Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
02 08 2019 To 03 08 2019
Duration (No of Days) : 02 Days
6. Total estimated expenditure : Rs. 3000

Signature of the Applicant

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

Signature of the Principal

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SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : Dr. K. Vasanth
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 : 7th International Conference on Transformation & in Engg Education in Association with UCEE
4. Name & Address of the Hosting Institution/ Organization : Amerag group of Institutions, Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) 04 Days
6. Total estimated expenditure : Rs. 5300

Signature of the Applicant

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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 7th International Conference on Transformation**
4. Name & Address of the Hosting Institution/ Organization : **Anurag Group of Institution Hyderabad**
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
: **05 01 2020** To **01 01 2020**
Duration (No of Days) **01** Days
6. Total estimated expenditure : **Rs. 5300/-**



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1. a) Name of the Faculty/ Staff : Mrs. K. Deepika
b) Designation : Assistant 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 : An advanced IoT based Robot for Military Applications ICCET-2020
4. Name & Address of the Hosting Institution/ Organization : GNITS, Hyderabad
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
29	08	2019

 To

DD	MM	YYYY
30	08	2019

Duration (No of Days)

02

 Days
6. Total estimated expenditure : Rs. 1800/-

Deepika.
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

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

1. a) Name of the Faculty/ Staff : Ms. M. Anusha
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 : An advanced IoT based Robot for Military Applications ICCET-2020
4. Name & Address of the Hosting Institution/ Organization : GNITS, Hyderabad
5. Staring Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
29 08 2019 To 30 08 2019
Duration (No of Days) 02 Days
6. Total estimated expenditure : Rs. 1500/-

(Signature)

Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : ☒ FORWARDED/ NOT FORWARDED
(Signature)
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☐ RECOMMENDED/ NOT RECOMMENDED

(Signature)

Signature of the Principal

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

(Signature)
PRINCIPAL / DIRECTOR

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

1. a) Name of the Faculty/ Staff : M. Venkateswarlu
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 : ^{7th} International Conference on Transform¹ in Engineering Education (ICTIEE-202
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
05	01	2020

Duration (No of Days)

1

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

Signature of the HOD

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

PRINCIPAL

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

1.	a) Name of the Faculty/ Staff	:	Dr. B. Vijaya Kumar												
	b) Designation	:	Asst. 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	:	715 International Conference Transformations in Engineering Education ICTEE-2020 in Association with NCEE												
4.	Name & Address of the Hosting Institution/ Organization	:	ANURAG Group of Institutions												
5.	Starting Date and Ending Date the Program	:	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td>05</td> <td>01</td> <td>2020</td> </tr> </table> To <table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td>08</td> <td>01</td> <td>2020</td> </tr> </table>	DD	MM	YYYY	05	01	2020	DD	MM	YYYY	08	01	2020
DD	MM	YYYY													
05	01	2020													
DD	MM	YYYY													
08	01	2020													
	Duration (No of Days)	:	<table border="1"> <tr> <td>3</td> </tr> </table> Days	3											
3															
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

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

PRINCIPAL / DIRECTOR

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

1. a) Name of the Faculty/ Staff : D. Venkateshwarlu
b) Designation : Asst. Prof
c) Department : CSE
2. Total Experience in Years : 19
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 Transformation in Engineering Education AGI
4. Name & Address of the Hosting Institution/ Organization : AGI
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
08	01	2020

Duration (No of Days)

3

 Days
6. Total estimated expenditure : Rs. 3500/-

[Signature]
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : RECOMMENDED/ NOT RECOMMENDED
[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

[Signature]
PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (VII), C.B. Post.,
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.,

1. a) Name of the Faculty/ Staff : Y. Praveenkumar
b) Designation : Asst. Prof
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 : Conference - IEEE
4. Name & Address of the Hosting Institution/ Organization : ANUG group of Institutions
Hyd
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
08	01	2020

Duration (No of Days)

4

 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

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

PRINCIPAL / DIRECTOR

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

1.	a) Name of the Faculty/ Staff	:	P. Rajashekar														
	b) Designation	:	Asst. Prof.														
	c) Department	:	CSE														
2.	Total Experience in Years	:	11+														
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 conf. on Transformation in Eng. Education														
4.	Name & Address of the Hosting Institution/ Organization	:	Anurag Group of Institutions														
5.	Starting Date and Ending Date the Program	:	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> <td>To</td> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td>05</td> <td>01</td> <td>2020</td> <td></td> <td>-</td> <td>-</td> <td>-</td> </tr> </table>	DD	MM	YYYY	To	DD	MM	YYYY	05	01	2020		-	-	-
DD	MM	YYYY	To	DD	MM	YYYY											
05	01	2020		-	-	-											
	Duration (No of Days)	:	<table border="1"> <tr> <td>1</td> </tr> </table> Days	1													
1																	
6.	Total estimated expenditure	:	Rs. 1000/-														
			<i>Rajashree</i>														
			Signature of the Applicant														

FOR OFFICE USE

1.	Remarks of the HOD (Forwarded/ Not Forwarded)	:	FORWARDED/ NOT FORWARDED
			<i>Rajashree</i>
			Signature of the HOD
2.	Recommendations of the Principal (Recommended/ Not Recommended)	:	RECOMMENDED/ NOT RECOMMENDED
			<i>A. Kumar</i>
			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

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

1. a) Name of the Faculty/ Staff : *Mr. Zeeshan*
b) Designation : *Asst. professor*
c) Department : *Computer Science & Engineering.*
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 : *The International Conference on Transformations in Engineering Education Associated with IOCEE*
4. Name & Address of the Hosting Institution/ Organization : *Amey Group of Institution*
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
5	1	2020

 To

DD	MM	YYYY

Duration (No of Days)

1

 Days
6. Total estimated expenditure : *Rs. 1000/-*

[Signature]
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : **FORWARDED/ NOT FORWARDED**
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : **RECOMMENDED/ NOT RECOMMENDED**
[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

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

1. a) Name of the Faculty/ Staff : *V. Prabhu Kumar*
b) Designation : *Asst 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 : *International conference on ICT IEE 2020*
4. Name & Address of the Hosting Institution/ Organization : *Amrany Group of Institutions*
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2021

 To

DD	MM	YYYY
05	01	2021

Duration (No of Days)

1

 Days
6. Total estimated expenditure : *Rs. 1000/-*

[Signature]
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : **FORWARDED/ NOT FORWARDED**
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : **RECOMMENDED/ NOT RECOMMENDED**

[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

[Signature]
PRINCIPAL

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



Vidya Jyothi Institute of Technology (Autonomous)

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

CSE - 2019-20

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. V. S. Sarma*
b) Designation : *Asst prof*
c) Department : *CSE*
2. Total Experience in Years : *34 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 : *IEEE Connect 2019 Conference*
4. Name & Address of the Hosting Institution/ Organization : *IEEE, Bangalore Sec-5*
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
26	07	2019

 To

DD	MM	YYYY
27	07	2019

Duration (No of Days)

02

 Days
6. Total estimated expenditure : *Rs. 7000/-*

[Signature]
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : **FORWARDED/ NOT FORWARDED**
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : **RECOMMENDED/ NOT RECOMMENDED**
[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

[Signature]
PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (Viii), C.B. Post.,
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.,

1. a) Name of the Faculty/ Staff : Mrs. Sree Devi. Jasti
b) Designation : Assistant 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 : ICTIEE-2020
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions
Hyderabad.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) 4 Days
6. Total estimated expenditure : Rs. 3,500/-

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

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

PRINCIPAL / DIRECTOR

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : K. Sree Vanu
b) Designation : Asst. Prof
c) Department : Hx S
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 : Paper Presentation in 7th International Conference on Transformation in Engg Education (ICTIEE - 2020) in Association with IUCEE
4. Name & Address of the Hosting Institution/ Organization : Amurag Group of Institutions, Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) : 4 Days
6. Total estimated expenditure : Rs. 8000/-

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

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



Vidya Jyothi Institute of Technology (Autonomous)

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

19-20 3

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. Anand
b) Designation : Asso. Professor
c) Department : H&S
2. Total Experience in Years : 18yrs
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 Transferring in Engineering Education (IUCEE)
4. Name & Address of the Hosting Institution/ Organization : ANURAG INSTITUTION, HYD
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) : 4 Days
6. Total estimated expenditure : Rs. 8,000/-

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

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : Dr. R. RAMA KRISHNA
b) Designation : Professor
c) Department : Maths
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 : ICTIEE-2020
4. Name & Address of the Hosting Institution/ Organization : Anusag Group of Institutions, Hyderabad.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
05 01 2020 To 08 01 2020
Duration (No of Days) : 4 Days
6. Total estimated expenditure : Rs. 8,000/-

A. Ramakrishna
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : ☒ FORWARDED/ NOT FORWARDED
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☒ RECOMMENDED/ NOT RECOMMENDED
[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

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



Vidya Jyothi Institute of Technology (Autonomous)

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

19-20

5

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. Starting Date and Ending Date the Program :

DD	MM	YYYY
20	12	2019

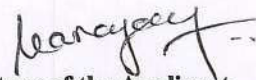
 To

DD	MM	YYYY
22	12	2019

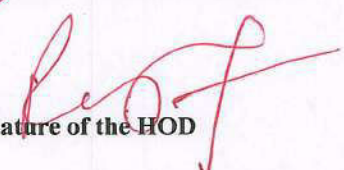

Duration (No of Days) :

3

 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

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


PRINCIPAL / DIRECTOR


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



Vidya Jyothi Institute of Technology (Autonomous)

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

19-20



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. Kondala Rao
b) Designation : Associate Professor
c) Department : H & S
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 : ICAHMM SMM - 2019
4. Name & Address of the Hosting Institution/ Organization : CMIS, Kolkata
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
20 12 2019 To 22 12 2019
Duration (No of Days) : 3 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

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

PRINCIPAL / DIRECTOR

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

1. a) Name of the Faculty/ Staff : Dr. K.V.R. Satya kumar
b) Designation : Assoc. Professor
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 : National Seminar Trends & Challenges of Economic Reforms in India
Presented paper "Start-up India - Stand up India"
4. Name & Address of the Hosting Institution/ Organization : Acharya Nagarjuna University
- Guntur.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
12	12	2019

 To

DD	MM	YYYY
13	12	2019

Duration (No of Days)

2

 Days
6. Total estimated expenditure : Rs. 500/-

K.V.R. Satya kumar

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) : RECOMMENDED/ NOT RECOMMENDED

Signature of the HOD
Department of Business Administration
VIDYA JYOTHI INSTITUTE OF TECHNOLOGY
Aziz Nagar Gate, C.B. Post, Hyderabad - 500 075

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

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

1. a) Name of the Faculty/ Staff : K. Jeevan Kumar
b) Designation : Asst. Professor
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 : National Seminar on Innovative methods & challenges in A/cy mgt & Financial Sector "A study on cyber security threats in Banking Industry"
4. Name & Address of the Hosting Institution/ Organization : ICBM-SBF
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
23	11	2019

 To

DD	MM	YYYY
23	11	2019

Duration (No of Days)

1

 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
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

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : K. Kavitha
- b) Designation : Asst. 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 : National Seminar on Innovative methods & challenges in A/c mgt & Financial sector
Paper Presented "Customer Expectations & Perceptions with regards to selected Services in India"
4. Name & Address of the Hosting Institution/ Organization : ICBM - SBC - Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
23 11 2019 To 23 11 2019
Duration (No of Days) : 1 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
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☒ RECOMMENDED/ NOT RECOMMENDED

Signature of the HOD

Department of
Master of Business Administration
VIDYA JYOTHI INSTITUTE OF TECHNOLOGY
Aziz Nagar Gate C.B. Post, Hyderabad - 500 075

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

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : P. Sneela Bhalathi
b) Designation : Assoc. Professor
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 Seminar on Innovative methods & challenges in Along mgt. Financial sector
Printed Paper on "Awareness and Preference of Bancassurance in India"
4. Name & Address of the Hosting Institution/ Organization : ICBM - SBE - Hyd.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
23 11 2019 To 23 11 2019
Duration (No of Days) : 1 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
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

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : A. K. Srujana
b) Designation : Asst. Professor
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 Seminar on Innovative methods & challenges in Alorg mgt & Financial sectors
"A study on Collision of Business Ethics in Banking Sectors"
4. Name & Address of the Hosting Institution/ Organization : ICBM - SBE
5. Staring Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
23 11 2019 To 23 11 2019
Duration (No of Days) : 1 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
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

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : Dr. C.N. Ravi
b) Designation : Professor
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 FDP - Power System Analysis.
4. Name & Address of the Hosting Institution/ Organization : IIT, Madras
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
01	07	2019

 To

DD	MM	YYYY
01	10	2019

Duration (No of Days)

90

 Days
6. Total estimated expenditure : Rs. 1000/-

C.N. Ravi
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) : ☒ RECOMMENDED/ ☐ NOT RECOMMENDED

S.P.
Head of Department
Electrical Engineering
Signature of the HOD
VIDYA JYOTHI INSTITUTE OF TECHNOLOGY
HYDERABAD-500 075.

A. Kumar
Signature of the Principal
PRINCIPAL

Vidya Jyothi Institute of Technology
Himayatnagar (VIII) 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

Sponsoring Letters of Faculty Development Programs



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 : **G. Sreeja**
b) Designation : **Assistant Professor**
c) Department : **Civil Engineering**
2. Total Experience in Years : **2.6 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 : **practical Training on Geosynthetics & special concrete, SRM University, Chennai**
4. Name & Address of the Hosting Institution/ Organization : **SRM Institute of Science & Technology, Chennai**
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
18	11	2019


 To

DD	MM	YYYY
22	11	2019

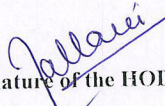
Duration (No of Days)

5

 Days
6. Total estimated expenditure : **Rs. 10,000**

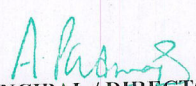

Signature of the Applicant

FOR OFFICE USE

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

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

Signature of the Principal

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

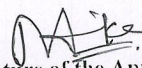


Vidya Jyothi Institute of Technology (Autonomous)

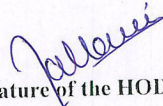
Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

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

1. a) Name of the Faculty/ Staff : M. Mounika
b) Designation : Assistant Professor
c) Department : Civil Engineering
2. Total Experience in Years : 10 months
3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended : Practical Training on geosynthetics and special concrete
4. Name & Address of the Hosting Institution/ Organization : SRM Institute of Science & Technology
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
18 11 2019 To 22 11 2019
Duration (No of Days) : 05 Days
6. Total estimated expenditure : Rs. 10,000

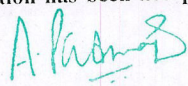

Signature of the Applicant

FOR OFFICE USE

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

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

1. a) Name of the Faculty/ Staff : Dr. A. Srujana
b) Designation : Professor
c) Department : EEE
 2. Total Experience in Years : 22 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 - Research Opportunities in power Engineering.
 4. Name & Address of the Hosting Institution/ Organization : CMRCET, Hyderabad.
 5. Starting Date and Ending Date the Program :

DD	MM	YYYY
22	04	2020

 To

DD	MM	YYYY
22	04	2020

Duration (No of Days) :

06

 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

Head of Department
Electrical & Electronics Engineering
Vidya Jyothi Institute of Technology
HYDERABAD-500 075.
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

A. K. S. R.
PRINCIPAL / DIRECTOR
PRINCIPAL

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

1. a) Name of the Faculty/ Staff : Mrs. K. Hayitha
b) Designation : Asst. Professor
c) Department : EEE
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 : FDP- Emerging Trends in Power & Energy.
4. Name & Address of the Hosting Institution/ Organization : JBIT, Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
07 08 2019 To 13 08 2019
Duration (No of Days) : 07 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
Head of Department
Electrical & Electronics Engineering
Vidya Jyothi Institute of Technology
Hyderabad-500 075.
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

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

1. a) Name of the Faculty/ Staff : Mr. D. Srinivas
b) Designation : Assoc. Prof
c) Department : EEE
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 : FDP - Awareness program on "Research Methodology"
4. Name & Address of the Hosting Institution/ Organization : Shri Chhatrapati Shivaji Raj College of Engineering
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
20	05	2020

 To

DD	MM	YYYY
25	05	2020

Duration (No of Days) : 06 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

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 (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. T. Parameshwar
b) Designation : Asst. Prof.
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 : FDP- Research challenges and Opportunities post COVID-19
4. Name & Address of the Hosting Institution/ Organization : Sri Vasavi Engineering College.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
08 05 2020 To 08 05 2020
Duration (No of Days) : 06 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
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☒ RECOMMENDED/ NOT RECOMMENDED

Signature of the HOD

Signature of the Principal

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PRINCIPAL / DIRECTOR



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 : Mv. B. Rajesh
b) Designation : Asst. 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 : FDP - Research Challenge and opportunities Post COVID-19.
4. Name & Address of the Hosting Institution/ Organization : Sri Vasavi Engineering College
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
04	05	2020

 To

DD	MM	YYYY
09	05	2020

Duration (No of Days)

06

 Days
6. Total estimated expenditure : Rs. 500/-

B. Rajesh
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : ☒ FORWARDED/ NOT FORWARDED
A. K. S.
Head of Department
Electrical & Electronics Engineering
Vidya Jyothi Institute of Technology
HYDERABAD-500 075.
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☒ RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal

A. K. S.
PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (VIII) 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

A. K. S.
PRINCIPAL / DIRECTOR



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. D. B. G. Reddy
b) Designation : Professor
c) Department : EEE
2. Total Experience in Years : 21
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 - Recent Trends in Electrical Engineering
4. Name & Address of the Hosting Institution/ Organization : Vishnu Institute of Tech., Shimavaram.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
08	06	2020

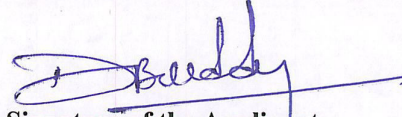
 To

DD	MM	YYYY
12	06	2020

Duration (No of Days) :

05

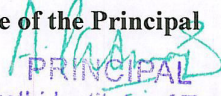
 Days
6. Total estimated expenditure : Rs. 500/-


Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : ☒ FORWARDED/ NOT FORWARDED
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☐ RECOMMENDED/ NOT RECOMMENDED

Signature of the Principal


PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (VIII), 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



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 : L. Raju
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 trends in Electrical Engineering.
4. Name & Address of the Hosting Institution/ Organization : Vishnu institute of Technology
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
08	06	2020

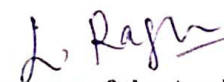
 To

DD	MM	YYYY
12	06	2020

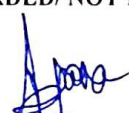
Duration (No of Days) :

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

Head of Department
Signature of the HOD
Vidya Jyothi Institute of Technology
Hyderabad-500 075.
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
Vidya Jyothi Institute of Technology
Himayatnagar (Vill), C.B. Post.,
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.,

1. a) Name of the Faculty/ Staff : Mr. P. Naga Muneendra
b) Designation : Asst. Prof
c) Department : EEE
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 : STTP - Research Challenges in Electrical Engineering
4. Name & Address of the Hosting Institution/ Organization : Ramachandra College of Engineering
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
18 05 2020 To 23 05 2020
Duration (No of Days) 06 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

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 (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 : Ch. Vikram
- b) Designation : Asst. Prof
- c) Department : EEE
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 : Research Challenges in Electrical Engineering.
4. Name & Address of the Hosting Institution/ Organization : Ramachandra College of Engineering
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
18	05	2020

 To

DD	MM	YYYY
23	05	2020
- Duration (No of Days) :

06

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

Signature of the Principal

PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (VJI) 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



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 : S. Sunel kumar
b) Designation : Associate Professor
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. & Machining Processes
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions Hyderabad.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
14	11	2019


 To

DD	MM	YYYY
27	11	2019



Duration (No of Days)

14

 Days
6. Total estimated expenditure : Rs. 2,000/-


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

1. a) Name of the Faculty/ Staff : Mrs. Syeda Sanjia Fatima
b) Designation : Asst. Professor
c) Department : Mechanical
2. Total Experience in Years : 05 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 : Precision Engineering and Machining process
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions, Hyderabad.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
14	11	2019

 To

DD	MM	YYYY
27	11	2019


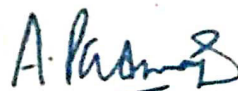
Duration (No of Days)

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

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

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

1. a) Name of the Faculty/ Staff : K. Rajesh Kumar.
b) Designation : Associate Professor.
c) Department : Mechanical Engrs.
2. Total Experience in Years : 23 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 " Precision Engrs. & Machining Process.
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
14	11	2019

 To

DD	MM	YYYY
27	11	2019

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

Signature of the Principal

PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (VIII), 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



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. Sampath Kumar
b) Designation : Assoc. Professor
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 : "Precision Engg on Machining processes"
4. Name & Address of the Hosting Institution/ Organization : "Anurag Group of Institutions, Hyderabad."
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
14	11	2019


 To

DD	MM	YYYY
27	11	2019

Duration (No of Days)

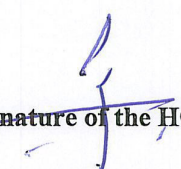
14

 Days
6. Total estimated expenditure : Rs. 2,000/-



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.,
Hyderabad-75

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PRINCIPAL / DIRECTOR




Vidya Jyothi Institute of Technology (Autonomous)

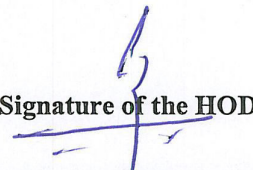
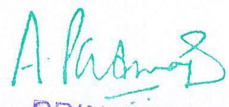
Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

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 : 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 & Engineering & Manufacturing process
4. Name & Address of the Hosting Institution/ Organization : CMRIT, Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
11 05 2020 To 13 05 2020
Duration (No of Days) : 3 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

PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (VIII), 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

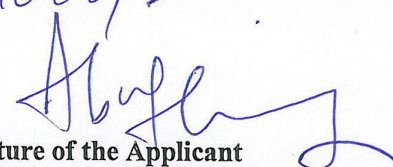
PRINCIPAL / DIRECTOR



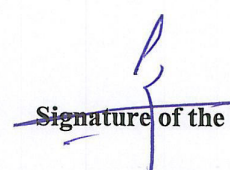
Vidya Jyothi Institute of Technology (Autonomous)


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	:	Shaik Gulam Abul Hasan														
	b) Designation	:	Asst. professor														
	c) Department	:	Mechanical.														
2.	Total Experience in Years	:	6 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 Engg & manufacturing process														
4.	Name & Address of the Hosting Institution/ Organization	:	CMRIT														
5.	Staring Date and Ending Date the Program	:	<table><tr><td>DD</td><td>MM</td><td>YYYY</td><td>To</td><td>DD</td><td>MM</td><td>YYYY</td></tr><tr><td>11</td><td>5</td><td>2020</td><td></td><td>13</td><td>5</td><td>2020</td></tr></table>	DD	MM	YYYY	To	DD	MM	YYYY	11	5	2020		13	5	2020
DD	MM	YYYY	To	DD	MM	YYYY											
11	5	2020		13	5	2020											
	Duration (No of Days)	:	<table><tr><td>3</td><td>Days</td></tr></table>	3	Days												
3	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
Vidya Jyothi Institute of Technology
Himayatnagar (VIII), C.B. Post.,
Hyderabad-75.

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PRINCIPAL / DIRECTOR



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 : CH-RAKESH
b) Designation : Asst. 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 : Advanced in Mechanical Engineering and Manufacture process
4. Name & Address of the Hosting Institution/ Organization : CMRIT, Hyderabad
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
11	05	2020


 To

DD	MM	YYYY
13	05	2020

Duration (No of Days)

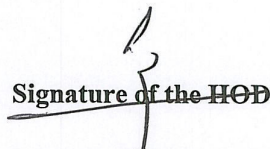
03

 Days
6. Total estimated expenditure : Rs. 500/-

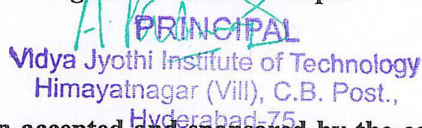

Signature of the Applicant

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


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



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 : Shaile Mohan Amochi
b) Designation : Asst. professor
c) Department : Mechanical
2. Total Experience in Years : 07 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 Engineering & Manufacturing process
4. Name & Address of the Hosting Institution/ Organization : CMRIT, Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
11 05 2020 To 13 05 2020
Duration (No of Days) : 3 Days
6. Total estimated expenditure : Rs. 500/-
my
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.,
Hyderabad-75.

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 (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 : J. pradeep kumar
b) Designation : Asst professor
c) Department : Mechanical
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 : FDP on Internet of things
4. Name & Address of the Hosting Institution/ Organization : Anurag University
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
02	06	2020

 To

DD	MM	YYYY
06	06	2020

Duration (No of Days) :

05

 Days
6. Total estimated expenditure : Rs. 1000/-

Pradeep
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

A. K. S. S.
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

PRINCIPAL / DIRECTOR



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. B. Ravinder Reddy
b) Designation : Asst- professor
c) Department : 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 : 1) FDP on SCILAD - An open source substitute for matlab.
4. Name & Address of the Hosting Institution/ Organization : JNTUHT
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
25	05	2020

 To

DD	MM	YYYY
30	05	2020

Duration (No of Days) :

06

 Days
6. Total estimated expenditure : Rs. 1000/-

Dr. Ravinder Reddy
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

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



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 : T. Pavan Kumar
b) Designation : Asst. prof
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 : 'Advanced RDT Techniques & Applications in industry'
4. Name & Address of the Hosting Institution/ Organization : QISCET, Ongole
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
25	05	2020

 To

DD	MM	YYYY
29	05	2020


Duration (No of Days)

05

 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

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



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 : H. praveen
b) Designation : Asst. Prof.
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 : FDP on Quality Control & Testing of weldments
4. Name & Address of the Hosting Institution/ Organization : G.I.E.T
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
26	05	2020

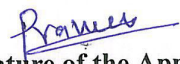
 To

DD	MM	YYYY
27	05	2020


Duration (No of Days) :

02

 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
PRINCIPAL

Vidya Jyothi Institute of Technology
Himayatnagar (VIII), 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



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 : C. Imam Sahab
b) Designation : Asst. professor
c) Department : 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 : Recent Trends in quality control and Testing of weldments
4. Name & Address of the Hosting Institution/ Organization : GIET, AP
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
26	05	2020

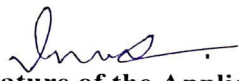
 To

DD	MM	YYYY
27	05	2020

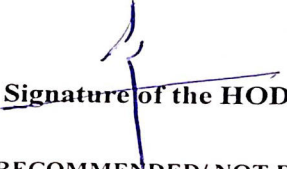
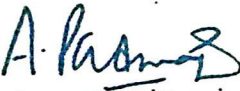
Duration (No of Days) :

2

 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

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.



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. M. Naveenkumar
b) Designation : Associate professor
c) Department : MECH
2. Total Experience in Years : 18yrs
3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended : Recent Trends in Quality Control and Testing of weldments
4. Name & Address of the Hosting Institution/ Organization : GIET, AP
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
26	05	2020

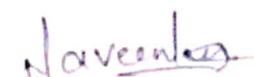
 To

DD	MM	YYYY
27	05	2020

Duration (No of Days) :


02

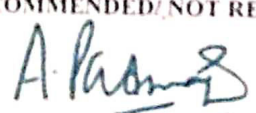
 Days
6. Total estimated expenditure : Rs. 1000/-


Signature of the Applicant

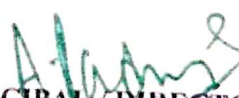
FOR OFFICE USE

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

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


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

1. a) Name of the Faculty/ Staff : V. Ramalingeswar Rao
b) Designation : Asst. Professor
c) Department : 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 : "FDP on Quality control & Testing of weldments"
4. Name & Address of the Hosting Institution/ Organization : GIET
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
26 05 2020 To 27 05 2020
Duration (No of Days) : 02 Days
6. Total estimated expenditure : Rs. 1000/-

Signature of the Applicant

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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

PRINCIPAL

Vidya Jyothi Institute of Technology
Himayatnagar (VIII), 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



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 : Pradeep Kumar Reddy
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 Intelligence
4. Name & Address of the Hosting Institution/ Organization : GNITS, Hyd.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
22	05	2020

 To

DD	MM	YYYY
26	05	2020

Duration (No of Days)

5

 Days
6. Total estimated expenditure : Rs. 500/-

Pradeep
Signature of the Applicant

FOR OFFICE USE

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

[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☐ RECOMMENDED/ NOT RECOMMENDED

[Signature]
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

[Signature]
PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075.



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. Ch. Sandeep
b) Designation : Assistant Professor
c) Department : ECE
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 : Designing with Zing soc and ip application
4. Name & Address of the Hosting Institution/ Organization : JNTU H
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
16	10	2019


 To

DD	MM	YYYY
18	10	2019

Duration (No of Days) :

3

 Days
6. Total estimated expenditure : Rs. 500/-


Signature of the Applicant

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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

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PRINCIPAL / DIRECTOR


PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075.



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. G. Ravi Kumar
b) Designation : Asst Prof
c) Department : ECE
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 Challenges and Innovations in Renewable Energy
4. Name & Address of the Hosting Institution/ Organization : Anupada Veedu Inst of Tech
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
11	05	2020

 To

DD	MM	YYYY
16	05	2020

Duration (No of Days)

6

 Days
6. Total estimated expenditure : Rs. 200/-

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

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PRINCIPAL / DIRECTOR

PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075.



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. Ravi Kishore.
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 : Developing Teacher's overall personality.
4. Name & Address of the Hosting Institution/ Organization : Poosarua college of commerce, Nagpur.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
11	5	2020

 To

DD	MM	YYYY
20	5	2020

Duration (No of Days)

10

 Days
6. Total estimated expenditure : Rs. 300 /—.

Dr. Ravi Kishore.
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : RECOMMENDED/ NOT RECOMMENDED
[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

[Signature]
PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075



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. M. Girish Kumar,														
	b) Designation	:	Professor.														
	c) Department	:	EEE.														
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 Learning Management System														
4.	Name & Address of the Hosting Institution/ Organization	:	Singhadev Institute of Technology Pune.														
5.	Starting Date and Ending Date the Program	:	<table><tr><td>DD</td><td>MM</td><td>YYYY</td><td>To</td><td>DD</td><td>MM</td><td>YYYY</td></tr><tr><td>1</td><td>5</td><td>2020</td><td></td><td>6</td><td>5</td><td>2020</td></tr></table>	DD	MM	YYYY	To	DD	MM	YYYY	1	5	2020		6	5	2020
DD	MM	YYYY	To	DD	MM	YYYY											
1	5	2020		6	5	2020											
	Duration (No of Days)	:	6 Days														
6.	Total estimated expenditure	:	Rs. 400/-														
		:	Girish Kumar.														
		:	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

PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075



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. G. Sreenivasa Rao.
b) Designation : Assoc. Prof.
c) Department : ECE
2. Total Experience in Years : 7
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 Intelligence
4. Name & Address of the Hosting Institution/ Organization : G. Narayanaiah Institute of Tech
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
22	5	2020

 To

DD	MM	YYYY
26	5	2020

Duration (No of Days) : 5 Days
6. Total estimated expenditure : Rs. 500/-

G. Sreenivasa Rao.
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

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PRINCIPAL / DIRECTOR

PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075.



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 : E. Sepraja
b) Designation : Asst. Prof.
c) Department : ECE
2. Total Experience in Years : 3 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 : Artificial Intelligence
4. Name & Address of the Hosting Institution/ Organization : G. Narayanaamma Inst. of Science & Technology, Hyd.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
22	05	2020

 To

DD	MM	YYYY
26	05	2020

Duration (No of Days)

5

 Days
6. Total estimated expenditure : Rs. 500/-

Signature of the Applicant

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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

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PRINCIPAL / DIRECTOR

PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar gate, C.B. Post,
Hyderabad-500 075.



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 : 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 Python GUI Application using pyqt5
4. Name & Address of the Hosting Institution/ Organization : Chennai, SatyaBhama Institute of Technology.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
25	05	2020

 To

DD	MM	YYYY
29	05	2020

Duration (No of Days)

05

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

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PRINCIPAL / DIRECTOR
PRINCIPAL

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

1. a) Name of the Faculty/ Staff : P. Prashant
b) Designation : Assistant 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 : Developing python GUI Application using PyQT5
4. Name & Address of the Hosting Institution/ Organization : SATYABHAMA INSTITUTE OF TECH, CHENNAI
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
25	05	2020


 To

DD	MM	YYYY
29	05	2020



Duration (No of Days)

05


 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

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

1. a) Name of the Faculty/ Staff : Dr. V. G. Siva Kumar
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 : Developing PYTHON GUI Application using Py
4. Name & Address of the Hosting Institution/ Organization : Satyabama Institute
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
25	05	2020

 To

DD	MM	YYYY
29	05	2020

Duration (No of Days)

5

 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
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

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

1. a) Name of the Faculty/ Staff : *Ms. Parvitra A.*
b) Designation : *Asst Prof*
c) Department : *ECE*
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 : *ICT Tools*
4. Name & Address of the Hosting Institution/ Organization : *SREE VIDYANIKETAN Engg College A.P.*
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
11	05	2020

 To

DD	MM	YYYY
16	05	2020

Duration (No of Days)

6

 Days
6. Total estimated expenditure : *Rs. 300/-*

Parvitra A.
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : *FORWARDED/ NOT FORWARDED*
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : *RECOMMENDED/ NOT RECOMMENDED*
[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

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

1. a) Name of the Faculty/ Staff : P. Lakshmi Priya
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 : FDP on Big Data Tools
4. Name & Address of the Hosting Institution/ Organization : ST. Marthas Engineering College
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
18	5	2020

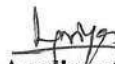
 To

DD	MM	YYYY
23	5	2020



Duration (No of Days)

6

 Days
6. Total estimated expenditure : Rs. 200/-

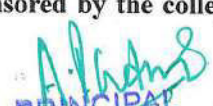

Signature of the Applicant

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

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PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : K. Keerthi
b) Designation : Asst prof
c) Department : CSE
2. Total Experience in Years : 4.5
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 Internet of Things
4. Name & Address of the Hosting Institution/ Organization : Anusag group of Institution
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
02	06	2020

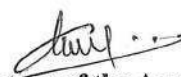
 To

DD	MM	YYYY
06	06	2020



Duration (No of Days) :

5

 Days
6. Total estimated expenditure : Rs. 200/-



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

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PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : A - Swarna
b) Designation : Ant. Prof.
c) Department : CE
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 : FDP on Data Science
4. Name & Address of the Hosting Institution/ Organization : TASK - EXCEL
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
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

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 HOD

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

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

1. a) Name of the Faculty/ Staff : B. Saijya
b) Designation : Assoc. Prof
c) Department : CSE
2. Total Experience in Years ✓ : 14 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 : Block chain Technologies - FDP
4. Name & Address of the Hosting Institution/ Organization : GEC, Gundlavaluru
5. Staring Date and Ending Date the Program :

DD	MM	YYYY
09	06	2020

 To

DD	MM	YYYY
18	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
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

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

1. a) Name of the Faculty/ Staff : Syed. Mohammed Asif
b) Designation : Asst. prof
c) Department : CSE
2. Total Experience in Years : 3 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 Intelligence
4. Name & Address of the Hosting Institution/ Organization : CBIT
5. Staring Date and Ending Date the Program :

DD	MM	YYYY
28	05	2020

 To

DD	MM	YYYY
26	05	2020

Duration (No of Days)


5


 Days
6. Total estimated expenditure : Rs. 500/-


Signature of the Applicant

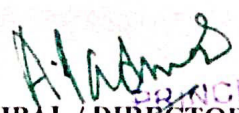
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1. Remarks of the HOD (Forwarded/ Not Forwarded) : ☒ FORWARDED/ NOT FORWARDED


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

1. a) Name of the Faculty/ Staff : ADURI BABU RAO
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 INTELLIGENCE
4. Name & Address of the Hosting Institution/ Organization : CBIT
5. Staring Date and Ending Date the Program :

DD	MM	YYYY
22	05	2020

 To

DD	MM	YYYY
26	05	2020


Duration (No of Days)

5

 Days
6. Total estimated expenditure : Rs. 500/-



Signature of the Applicant

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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

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

1. a) Name of the Faculty/ Staff : Mahalaxmi . P
b) Designation : Asst. prof
c) Department : CSE
2. Total Experience in Years : 1 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 on Artificial Intelligence
4. Name & Address of the Hosting Institution/ Organization : CBIT
5. Staring Date and Ending Date the Program :

DD	MM	YYYY
22	05	2020

 To

DD	MM	YYYY
26	05	2020

Duration (No of Days) :

5

 Days
6. Total estimated expenditure : Rs. 500/-

Signature of the Applicant

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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

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

1. a) Name of the Faculty/ Staff : CH. DEEPIKA
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 : FDP on Artificial Intelligence
4. Name & Address of the Hosting Institution/ Organization : CBIT, Hyd
5. Staring Date and Ending Date the Program :

DD	MM	YYYY
22	05	2020

 To

DD	MM	YYYY
26	05	2020

Duration (No of Days) :

5

 Days
6. Total estimated expenditure : Rs. 500/-

Ch. Deepika

Signature of the Applicant

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

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

A. Khams
Signature of the Principal

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

A. Khams
PRINCIPAL / DIRECTOR

A. Khams
PRINCIPAL

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

1. a) Name of the Faculty/ Staff : G. Kalpana
b) Designation : Asst professor
c) Department : CSE
2. Total Experience in Years : 14 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 : Foundation For machine learning
4. Name & Address of the Hosting Institution/ Organization : SNIST
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
14 12 2020 To 18 12 2020
Duration (No of Days) : 4 Days
6. Total estimated expenditure : Rs. 500/-

Signature of the Applicant

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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

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PRINCIPAL / DIRECTOR

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

1. a) Name of the Faculty/ Staff : P. SANDHYA
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 : FDP on Recent Advances in Bigdata Analytics of IoT based Devices using Fog computing
4. Name & Address of the Hosting Institution/ Organization : Mallareddy CET, Hyd
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
04	12	2020

 To

DD	MM	YYYY
26	12	2020

Duration (No of Days) :

12

 Days
6. Total estimated expenditure : Rs. 500/-

[Signature]

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) : RECOMMENDED/ NOT RECOMMENDED

[Signature]
Signature of the HOD

[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

[Signature]
PRINCIPAL

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

1. a) Name of the Faculty/ Staff : Munga Kavje
b) Designation : Assistant professor
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 : FDP on Deep Learning and its Applications
4. Name & Address of the Hosting Institution/ Organization : Malla Reddy Engineering College.
5. Staring Date and Ending Date the Program :

DD	MM	YYYY
04	12	2020

 To

DD	MM	YYYY
12	12	2020



Duration (No of Days)

5

 Days
6. Total estimated expenditure : Rs. 500 /-

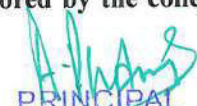

Signature of the Applicant

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Signature of the HOD
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Signature of the Principal

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PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : K. Bhavya
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 pytho~~sch~~
4. Name & Address of the Hosting Institution/ Organization : Anurag Engineering College
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
03	08	2020

 To

DD	MM	YYYY
08	08	2020



Duration (No of Days)

6

 Days
6. Total estimated expenditure : Rs. 500/-



Signature of the Applicant

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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

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PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : ABDUL MAJEEED
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 : FDP on "IT Industry real time tools"
4. Name & Address of the Hosting Institution/ Organization : Bharath Institute of Engg & Technology.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
29	6	2020

 To

DD	MM	YYYY
3	7	2020

Duration (No of Days)

5

 Days
6. Total estimated expenditure : Rs. 500/-

Signature of the Applicant

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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

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PRINCIPAL / DIRECTOR

PRINCIPAL
Vidya Jyothi Institute of Technology
Himayathnagar (VIII), C.B. Post,
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.,

1.	a) Name of the Faculty/ Staff	:	P. Swetha												
	b) Designation	:	Assoc. Prof.												
	c) Department	:	CSE												
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 Analytics using Python												
4.	Name & Address of the Hosting Institution/ Organization	:	M. S. Tirumala Engg. College.												
5.	Starting Date and Ending Date the Program	:	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td>22</td> <td>06</td> <td>2020</td> </tr> </table> To <table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td>26</td> <td>06</td> <td>2020</td> </tr> </table>	DD	MM	YYYY	22	06	2020	DD	MM	YYYY	26	06	2020
DD	MM	YYYY													
22	06	2020													
DD	MM	YYYY													
26	06	2020													
	Duration (No of Days)	:	<table border="1"> <tr> <td>5</td> </tr> </table> Days	5											
5															
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

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PRINCIPAL / DIRECTOR

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

1. a) Name of the Faculty/ Staff : S. SRI LAKSHMI
b) Designation : Asst. professor
c) Department : 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 : cyber attacks.
4. Name & Address of the Hosting Institution/ Organization : MAIT
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
20	07	2020

 To

DD	MM	YYYY
24	07	2020

Duration (No of Days)


5


 Days
6. Total estimated expenditure : Rs. 500


Signature of the Applicant

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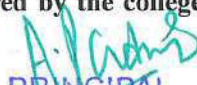
1. Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED


Signature of the HOD
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Signature of the Principal

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PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : T. Maanasa
b) Designation : Assot. prof.
c) Department : CSE
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 Advanced Data processing using ML, ANN & DL
4. Name & Address of the Hosting Institution/ Organization : ~~TKR~~ TKR college of engg & Technology, Hyd
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
13	07	2020

 To

DD	MM	YYYY
17	07	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

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


Signature of the Principal

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PRINCIPAL / DIRECTOR


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

1.	a) Name of the Faculty/ Staff	:	G. Surekha.														
	b) Designation	:	Assistant professor														
	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	:	FDP on Computer N/w Simulation using NS3 simulator.														
4.	Name & Address of the Hosting Institution/ Organization	:	MGIT / Hyd														
5.	Starting Date and Ending Date the Program	:	<table border="1"> <thead> <tr> <th>DD</th> <th>MM</th> <th>YYYY</th> <th>To</th> <th>DD</th> <th>MM</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>8</td> <td>2020</td> <td></td> <td>14</td> <td>8</td> <td>2020</td> </tr> </tbody> </table>	DD	MM	YYYY	To	DD	MM	YYYY	10	8	2020		14	8	2020
DD	MM	YYYY	To	DD	MM	YYYY											
10	8	2020		14	8	2020											
	Duration (No of Days)		<table border="1"> <tr> <td>5</td> </tr> </table> Days	5													
5																	
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

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


PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : D. Anil
b) Designation : Assoc. Prof.
c) Department : IT
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 : FDP on Business Analytics using Python
4. Name & Address of the Hosting Institution/ Organization : TKR College of Engineering & Technology
5. Starting Date and Ending Date the Program :

DD	MM	YYYY


 To

DD	MM	YYYY



Duration (No of Days)

--

 Days
6. Total estimated expenditure : Rs. 500


Signature of the Applicant

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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

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PRINCIPAL / DIRECTOR


PRINCIPAL

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

1. a) Name of the Faculty/ Staff : P. Laxeshmi Sony
b) Designation : Asst. Prof
c) Department : IT
2. Total Experience in Years : 11+ 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 FDP on Python 3.43 & Python Django
4. Name & Address of the Hosting Institution/ Organization : CMR Eegg College
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
08	06	2020

 To

DD	MM	YYYY
13	06	2020

Duration (No of Days) :

7

 Days
6. Total estimated expenditure : Rs. 1000


Signature of the Applicant

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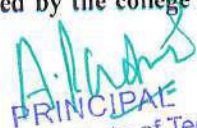
1. Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

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

Signature of the Principal

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PRINCIPAL / DIRECTOR


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


1. a) Name of the Faculty/ Staff : J. Deepika
b) Designation : Asst Prof
c) Department : IT
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 : 1 Week FDP on Pythong 3.4.3 & Pythm Django
4. Name & Address of the Hosting Institution/ Organization : CMREC
5. Staring Date and Ending Date the Program : DD MM YYYY DD MM YYYY
: 08 06 2020 To 13 06 2020
Duration (No of Days) : 6 Days
6. Total estimated expenditure : Rs. 500

J. Deepika
Signature of the Applicant

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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

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

1. a) Name of the Faculty/ Staff : Sana Farheen
b) Designation : Assistant Professor
c) Department : IT
2. Total Experience in Years : 2yrs
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 Django
4. Name & Address of the Hosting Institution/ Organization : CM R E C
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
08	06	20


 To

DD	MM	YYYY
08	06	20



Duration (No of Days)

6

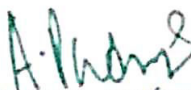
 Days
6. Total estimated expenditure : Rs. 500/-


Signature of the Applicant

FOR OFFICE USE

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

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

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

1. a) Name of the Faculty/ Staff : C. RAMAKRISHNA
b) Designation : Asst Professor
c) Department : 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 FDP on "COMPUTER NETWORKS SIMULATION USING NS2.
4. Name & Address of the Hosting Institution/ Organization : M.G.I.T
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
10	08	2020

 To

DD	MM	YYYY
14	08	2020

Duration (No of Days)


5


 Days
6. Total estimated expenditure : Rs. 1000


Signature of the Applicant

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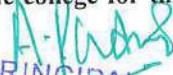
1. Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED


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


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

1. a) Name of the Faculty/ Staff : G. Indira Prasadshini
b) Designation : Assoc. Prof
c) Department : IT
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 : ONE week FDP on Intelligent Computing in Data Science.
4. Name & Address of the Hosting Institution/ Organization : Aditya Inst. of Technology and Mgmt, Tekkali
5. Starting Date and Ending Date the Program :

DD	MM	YYYY


 To

DD	MM	YYYY

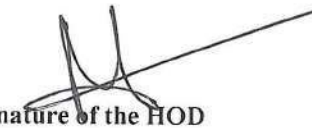

Duration (No of Days)

--

 Days
6. Total estimated expenditure : Rs. 800 / -



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

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PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : D. Sravanthi
b) Designation : Asst. Prof
c) Department : IT
2. Total Experience in Years : 06 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 FDP on Intelligent Computing in Data science
4. Name & Address of the Hosting Institution/ Organization : Aditya Institute of Technology and Management, Tekali
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
16	06	2020

 To

DD	MM	YYYY
20	06	2018

Duration (No of Days) :

15

 Days
6. Total estimated expenditure : Rs. 800/-

D. A.
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

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

1. a) Name of the Faculty/ Staff : G. Chenchao
b) Designation : Asst. professor
c) Department : I.T
2. Total Experience in Years : 8 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 : one week FDP on Intelligent computing in Data Science
4. Name & Address of the Hosting Institution/ Organization : Aditya Birla Institute of Technology and Management
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
16	06	2020

 To

DD	MM	YYYY
20	06	2020

Duration (No of Days) :

5

 Days
6. Total estimated expenditure : Rs. 800/-

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

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PRINCIPAL / DIRECTOR

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : Dr. Shrihari Sadunale
b) Designation : Professor
c) Department : Civil Engineering
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 Reinforced concrete Structures
4. Name & Address of the Hosting Institution/ Organization : NPTEL - IIT MADRAS
5. Starting Date and Ending Date the Program :

DD	MM	YYYY	To	DD	MM	YYYY
	07	2019		10	2019	

Duration (No of Days) :

84

 Days
6. Total estimated expenditure : Rs. 1100/-

Signature of the Applicant

FOR OFFICE USE

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

: FORWARDED/ NOT FORWARDED

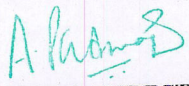
Signature of the HOD

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

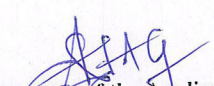
1. a) Name of the Faculty/ Staff : S. Nagarjuna
b) Designation : Asst. professor
c) Department : CIVIL
2. Total Experience in Years : 10 months
3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended : strength of materials
4. Name & Address of the Hosting Institution/ Organization : NPTEL IIT KRAHPUR
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
07	07	2019

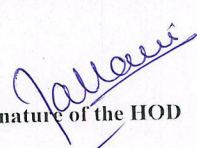
 To

DD	MM	YYYY
10	10	2019

Duration (No of Days) : 84 Days
6. Total estimated expenditure : Rs. 1100/-

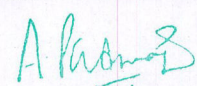

Signature of the Applicant

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

1. a) Name of the Faculty/ Staff : A. Venkat Sai Kiran
b) Designation : Asst. Professor
c) Department : Dept. of Civil Engineering
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 : GPS Surveying
4. Name & Address of the Hosting Institution/ Organization : NATEL, IIT Roorkee
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
: 07 2019 To 08 2019
Duration (No of Days) : 28 Days
6. Total estimated expenditure : Rs. 1100/-

A. Venkat Sai Kiran
Signature of the Applicant

FOR OFFICE USE

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

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

1. a) Name of the Faculty/ Staff : Mr. A. Nava Srinha Rao
b) Designation : Assoc. Prof
c) Department : EEE
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 : FDP - power system Analysis.
4. Name & Address of the Hosting Institution/ Organization : IIT, Madras
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
01	07	2019

 To

DD	MM	YYYY
01	10	2019

Duration (No of Days) :

90

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

Signature of the HOD

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



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 : Ms. E. Kalpana
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 : Fundamentals electronic device fabrication
4. Name & Address of the Hosting Institution/ Organization : swayam, N.P.T.E.
IIT Madras
5. Starting Date and Ending Date the Program :

DD	MM	YYYY

 To

DD	MM	YYYY




Duration (No of Days)

04

 Days ~~Weeks~~
6. Total estimated expenditure : Rs. 1100/-

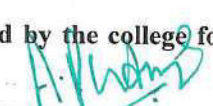

Signature of the Applicant

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


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

1. a) Name of the Faculty/ Staff : Mr. Someswar Rao Gaddala
b) Designation : Asst. 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 : Fundamentals of Electronic device fabrication
4. Name & Address of the Hosting Institution/ Organization : Swayam NPTEL online
IIT Madras
5. Starting Date and Ending Date the Program :

DD	MM	YYYY

 To

DD	MM	YYYY



Duration (No of Days)

--

 Days 4 weeks
6. Total estimated expenditure : Rs. 100/-



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

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PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : Mr. Amgoth Laxman
b) Designation : Asst. professor
c) Department :
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 : Digital Circuits
4. Name & Address of the Hosting Institution/ Organization : Swayam NPTEL Online
IIT - Madras Chennai
5. Starting Date and Ending Date the Program :

DD	MM	YYYY

 To

DD	MM	YYYY

Duration (No of Days)

--

 Days 12 weeks
6. Total estimated expenditure : Rs. 1100/-

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

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : Ms. Jalkam Sridevi
b) Designation : Asst. 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 : Digitel Image processing of satellite data
4. Name & Address of the Hosting Institution/ Organization : Swayam NPTEL online
IIT Madras
5. Starting Date and Ending Date the Program :

DD	MM	YYYY


 To

DD	MM	YYYY

Duration (No of Days)


--


 Days 8 Week
6. Total estimated expenditure : Rs. 1100/-


Signature of the Applicant

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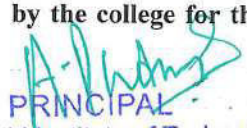
1. Remarks of the HOD (Forwarded/ Not Forwarded) :

✓
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


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

1.	a) Name of the Faculty/ Staff	:	M.S. Santhi Pringao														
	b) Designation	:	Asst. Prof														
	c) Department	:	ECE														
2.	Total Experience in Years	:	9 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	:	Swayam, NPTEL online Fundamental electronic Device Fabrication														
4.	Name & Address of the Hosting Institution/ Organization	:	NPTEL, IIT Madras														
5.	Staring Date and Ending Date the Program	:	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> <td>To</td> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td></td> <td>07</td> <td>2019</td> <td></td> <td></td> <td>08</td> <td>2019</td> </tr> </table>	DD	MM	YYYY	To	DD	MM	YYYY		07	2019			08	2019
DD	MM	YYYY	To	DD	MM	YYYY											
	07	2019			08	2019											
	Duration (No of Days)	:	<table border="1"> <tr> <td>84</td> <td>Days</td> </tr> </table> 8 Weeks	84	Days												
84	Days																
6.	Total estimated expenditure	:	Rs. 1100 /-														

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

PRINCIPAL

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

1. a) Name of the Faculty/ Staff : K. Arjun Goud.
b) Designation : Asst 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 : ICMAICER - 19 Presented Paper on "Impact of micro Finance on Women E/ship"
4. Name & Address of the Hosting Institution/ Organization : South Asia Institute for Research & Publications
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
27	11	2019

 To

DD	MM	YYYY
27	11	2019

Duration (No of Days)

1

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

Signature of the HOD

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

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

Sponsoring Letters of Workshops



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 : S. RAGAVENDRA
b) Designation : Asst. prof
c) Department : Civil Engineering
2. Total Experience in Years : 3 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 : Transportation in a High-Tech Automated Connected vehicle world
4. Name & Address of the Hosting Institution/ Organization : NIT, Warangal
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
16	09	2019

 To

DD	MM	YYYY
20	09	2019

Duration (No of Days) :

5

 Days
6. Total estimated expenditure : Rs. 4000/-

S. Raghav
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

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

1. a) Name of the Faculty/ Staff : **VITHAL BIRADAR**
b) Designation : **Assistant Professor**
c) Department : **Civil Engineering**
2. Total Experience in Years : **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 : **Indian Green Building Council - Membership -**
4. Name & Address of the Hosting Institution/ Organization : **Indian Green Building Council -**
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
: **03 10 2020** To **03 10 2020**
Duration (No of Days) : **03** Days
6. Total estimated expenditure : **Rs. 2950/-**

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

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

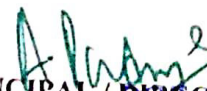
1. a) Name of the Faculty/ Staff : G. Shrayya
b) Designation : Assistant Professor.
c) Department : Mechanical Engg.
2. Total Experience in Years : 3 yrs.
3. Name of the Academic Programme Viz. FDP, Seminar, Symposium, Conference, Workshop, Training Program etc. (Enclose details) for which the Faculty/ Staff is recommended : Two weeks workshop on "Internet things", I.
4. Name & Address of the Hosting Institution/ Organization : JNTU, H
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
28 09 2020 To 10 10 2020
Duration (No of Days) 13 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

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.



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 : K. Ashok chary
b) Designation : 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 : Two weeks Workshop on Internet things
4. Name & Address of the Hosting Institution/ Organization : Anurag JNTU - HYD
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
28	09	2020

 To

DD	MM	YYYY
10	10	2020

Duration (No of Days) :

13

 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

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.



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 : T. Virajee
b) Designation : Asst. prof
c) Department : Mechanical
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 : "Internet Things"
4. Name & Address of the Hosting Institution/ Organization : JNTUH
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
: 28 09 2020 To 10 10 2020
Duration (No of Days) : 13 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

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



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 : M. Vijaya
b) Designation : Asst. 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 : Hand on workshop on simulation of wireless sensor networks using NS3 simulator
4. Name & Address of the Hosting Institution/ Organization : GRIET, Hyd.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
19 09 2019 To 20 09 2019
Duration (No of Days) : 2 Days
6. Total estimated expenditure : Rs. 300


Signature of the Applicant

FOR OFFICE USE

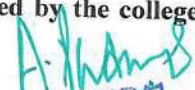
1. Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED

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


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

1. a) Name of the Faculty/ Staff : S. Durga
b) Designation : Assistant Professor
c) Department : ESE
2. Total Experience in Years : 10 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 : Hand on workshop on Simulation of wireless sensor network using NS-3 Simulator
4. Name & Address of the Hosting Institution/ Organization : G. R. I. E. T., Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To 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 USE

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

1. a) Name of the Faculty/ Staff : K. S. R. K. Sarma
b) Designation : Asst. Professor
c) Department : CSE
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 : ~~Workshop~~ Workshop on IoT
4. Name & Address of the Hosting Institution/ Organization : JNTU H
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
28	09	2020

 To

DD	MM	YYYY
10	10	2020



Duration (No of Days) :

14

 Days
6. Total estimated expenditure : Rs. 2000/-

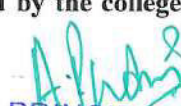

Signature of the Applicant

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

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


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

1. a) Name of the Faculty/ Staff : B. Eswar Babu
b) Designation : Assoc Professor
c) Department : PE
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 week workshop on IoT
4. Name & Address of the Hosting Institution/ Organization : JNTUH
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
28 09 2020 To 10 10 2020
Duration (No of Days) 13 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

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


PRINCIPAL / DIRECTOR


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

1. a) Name of the Faculty/ Staff : A. Devaichan
b) Designation : Asst Professor
c) Department : 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 : A-Z for Research to Publication/
PHP Thesis
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institution
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
05	01	2020

 To

DD	MM	YYYY
-		

Duration (No of Days)

1

 Days
6. Total estimated expenditure : Rs. 500

A. Devaichan
Signature of the Applicant

FOR OFFICE USE

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

[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : RECOMMENDED/ NOT RECOMMENDED

[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

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



Vidya Jyothi Institute of Technology (Autonomous)

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

19-20

7

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. Padma Venkat
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 : Threeday workshop on "Induction Program Train the Trainers".
4. Name & Address of the Hosting Institution/ Organization : JNTUH
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
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

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

PRINCIPAL / DIRECTOR

PRINCIPAL

Vidya Jyothi Institute of Technology
Himayathnagar (VII), C.B. Post.,
Hyderabad-75.

Sponsoring Letters of STTPs



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. Vaishnavi Devi
b) Designation : Asst. Professor.
c) Department : EEE
2. Total Experience in Years : 13 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 : STTP - Mitigation of Power Quality Issues in Distributed Generation Systems using custom Power Devices - I
4. Name & Address of the Hosting Institution/ Organization : R.M.D. Engineering College, Karavaipeetam.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
20	07	2020

 To

DD	MM	YYYY
25	07	2020

Duration (No of Days)

06

 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
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

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



Vidya Jyothi Institute of Technology (Autonomous)

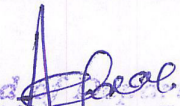
Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

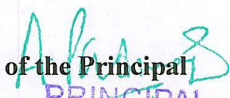
PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES
SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : Ms. A. Srilakshmi
b) Designation : Asst. Prof.
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 : STTP - Challenges in Electric Vehicle Battery Charging & Grid Integration Issues
4. Name & Address of the Hosting Institution/ Organization : RGM CET
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
24 08 2020 To 29 08 2020
Duration (No of Days) : 06 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

Head of Department
Electrical & Electronics Engineering
Vidya Jyothi Institute of Technology
HYDERABAD-500 075.
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

PRINCIPAL / DIRECTOR



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 : R. Satish Kumar
b) Designation : Associate Professor
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 : FDP on "Recent trends in Electrical Engineering vehicular Battery charging grid Integration Issues"
4. Name & Address of the Hosting Institution/ Organization : Vishnu Institute of Technology
Laxmi Gandhi Memorial
College of Engineering & Technology
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
08	06	2020

 To

DD	MM	YYYY
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

[Signature]
Head of Department
Electrical & Electronics Engineering
VIDYA JYOTHI INSTITUTE OF TECHNOLOGY
HYDERABAD-500 075.

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

: RECOMMENDED/ NOT RECOMMENDED

[Signature]
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

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

1. a) Name of the Faculty/ Staff : Mrs. S. Chaitanya
- b) Designation : Asst. Prof
- c) Department : EEE
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 : STTP - Research Developments and Entrepreneurship in Sustainable Green Energy Tech. & Smart Grid.
4. Name & Address of the Hosting Institution/ Organization : BVRT, Narasapur
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
21 09 2020 To 26 09 2020
- Duration (No of Days) : 06 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
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☒ RECOMMENDED/ NOT RECOMMENDED

Signature of the HOD

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



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 : G. Parameshwar .
b) Designation : Asst Prof
c) Department : ECE
2. Total Experience in Years : 10 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 : Embedded Systems in IoT.
4. Name & Address of the Hosting Institution/ Organization : GNITS, Hyd.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
25	11	2019

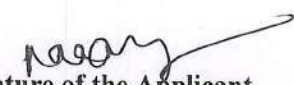
 To

DD	MM	YYYY
30	11	2019

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

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


PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075



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. Tulas; Prasad.
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 : Challenging Research Avenue in signal and Image processing
4. Name & Address of the Hosting Institution/ Organization : Sri Vidyaniketham Engineering College, Tirupathi
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
11	11	2019

 To

DD	MM	YYYY
16	11	2019

Duration (No of Days)

7

 Days
6. Total estimated expenditure : Rs. 300/-

Tulas; Prasad.
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : ☒ FORWARDED/ NOT FORWARDED
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : ☐ RECOMMENDED/ NOT RECOMMENDED
[Signature]
Signature of the Principal

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

[Signature]
PRINCIPAL / DIRECTOR

[Signature]
PRINCIPAL
Vidya Jyothi Institute of Technology
Aziznagar Gate, C.B. Post,
Hyderabad-500 075

Sponsoring Letters of Webinars



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 : K Srinivasa Rao
b) Designation : Assistant prof
c) Department : ME
2. Total Experience in Years : 7
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 Building Insulation
4. Name & Address of the Hosting Institution/ Organization : Anurag group of Inst.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
30 05 2020 To
Duration (No of Days) 01 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

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

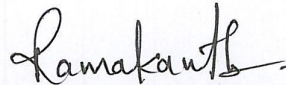


Vidya Jyothi Institute of Technology (Autonomous)

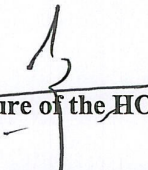
Aziz Nagar Gate C.B. Post, Hyderabad-500 075, Telangana

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 : R.N.S.V. Ramakanth
b) Designation : Asst. professor
c) Department : mechanical
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 : Arasu Engineering college, Chennai
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
27 05 2020 To
Duration (No of Days) : 01 Days
6. Total estimated expenditure : Rs. 1000/-


Signature of the Applicant

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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 (VIII), C.B. Post.,
Hyderabad-75.

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Vidya Jyothi Institute of Technology (Autonomous)

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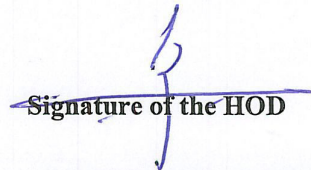
PROFORMA FOR DEPUTATION OF FACULTY / STAFF MEMBERS FOR PARTICIPATION IN ACADEMIC PROGRAMMES SUCH AS STTP, SEMINARS, SYMPOSIA, CONFERENCES, WORKSHOPS ETC.,

1. a) Name of the Faculty/ Staff : S. Ramakrishna
b) Designation : Assistant professor
c) Department : mechanical
2. Total Experience in Years : 21.92 05
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 building insulations
4. Name & Address of the Hosting Institution/ Organization : Anurag group of Institutions, Ghatkesar, Hyderabad
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
30 05 2020 To 30 05 2020
Duration (No of Days) : 01. Days
6. Total estimated expenditure : Rs. 1000/-



Signature of the Applicant

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


Signature of the Principal

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Himayatnagar (Vill), C.B. Post.,
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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 : Shaile Ismail
b) Designation : Asst Professor
c) Department : Mechanical Engineer
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 : Understanding building Insulation
4. Name & Address of the Hosting Institution/ Organization : Anurag Group of Institutions
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
30	05	2020


 To

DD	MM	YYYY
30	05	2020

Duration (No of Days)

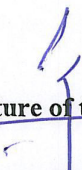
01


 Days
6. Total estimated expenditure : Rs. 1000/-


Signature of the Applicant

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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.

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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 : Mrs. P. Pavani
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 : Introduction to Design of Experiments
4. Name & Address of the Hosting Institution/ Organization : Arasu Engineering College, Chennai.
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
27 05 2020 To

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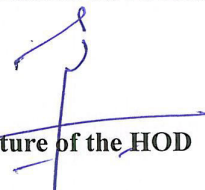
Duration (No of Days) :

01

 Days
6. Total estimated expenditure : Rs. 1000/-


Signature of the Applicant

FOR OFFICE USE

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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 (VIII), C.B. Post.,
Hyderabad-75.

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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 : Mrs. J. Emeema
b) Designation : Associate Prof.,
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 : Understanding VRF Systems
4. Name & Address of the Hosting Institution/ Organization : Amrta Group of Institutions, Hyderabad.
5. Starting Date and Ending Date the Program :

DD	MM	YYYY
29	05	2020

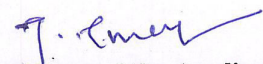
 To

DD	MM	YYYY

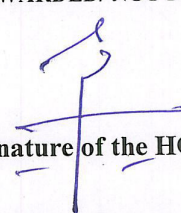
Duration (No of Days)


01

 Days
6. Total estimated expenditure : Rs. 500/-


Signature of the Applicant

FOR OFFICE USE

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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.

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PRINCIPAL / DIRECTOR



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. malathi
b) Designation : Asst. professor
c) Department : mechanical
2. Total Experience in Years : 11 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 day webinal "Graph here - The future material
4. Name & Address of the Hosting Institution/ Organization : Cambridge Institute of Technology
5. Starting Date and Ending Date the Program : DD MM YYYY To DD MM YYYY
: 18 05 2020 To

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Duration (No of Days) : 01 Days
6. Total estimated expenditure : Rs. 1000/-

malathi
Signature of the Applicant

FOR OFFICE USE

1. Remarks of the HOD (Forwarded/ Not Forwarded) : FORWARDED/ NOT FORWARDED
[Signature]
Signature of the HOD
2. Recommendations of the Principal (Recommended/ Not Recommended) : RECOMMENDED/ NOT RECOMMENDED

A. K. S.
Signature of the Principal
PRINCIPAL
Vidya Jyothi Institute of Technology
Himayatnagar (VIII), C.B. Post.,
Hyderabad-75

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PRINCIPAL / DIRECTOR