SANT GADGE BABA AMRAVATI UNIVERSITY GAZETTE

Official Publication of Sant Gadge Baba Amravati University

PART- ONE

Thursday, the 12th March, 2026

Regulation No. 08of 2026

Regulation prescribing the norms for Teachers' Welfare Fund for providing financial assistance, welfare support, loans, and grants to teachers and their dependents, Regulation, 2026.

WHEREAS, Sant Gadge Baba Amravati University has established a Teachers' Welfare Fund for providing financial assistance, welfare support, loans, and grants to teachers and their dependents in accordance with Clauses (22), (30), and (31) of Section 2 of the Amravati University Act, 1983;

And

WHEREAS, the Rules governing the utilization of the Teachers' Welfare Fund were initially amended vide Rule No. 1 of 1992 as approved by the Executive Council in its meeting held on 5thMay, 1992;

And

WHEREAS, further amendments were subsequently and in force from time to time vide Rule No. 11 of 2003, Rule No. 5 of 2007, Rule No. 2 of 2008, Rule No. 3 of 2013, and Rule No. 6 of 2014 to streamline the implementation and scope of the Fund;

And

WHEREAS, the said Rules are aligned with and based upon Government Resolution No. एएमजी-2005/9/प्र. क्र. 1/आरोग्य–3 dated 19thMarch, 2005 and Government Resolution No. एएमजी-2005/प्र. क्र. 251/आ.3 dated 10thFebruary, 2006 issued by the Government of Maharashtra for the purpose of providing financial assistance for treatment of specified fatal diseases and for publication of the approved list of diseases;

And

WHEREAS, Government of Maharashtra has published the Maharashtra Public Universities Act, 2016 in the Maharashtra Government Gazette on January 11th, 2017, which came into force on March 1st, 2017 by repealing the Maharashtra Universities Act, 1994;

And

WHEREAS, since no specific provision exists under the Maharashtra Public Universities Act, 2016 for regulating the matters relating to the Teachers' Welfare Fund by framing or amending the Rule, it has become necessary and expedient to frame a separate Regulation in this regard for effective implementation and administration of the said Fund;

And

WHEREAS, the existing provisions under the rule No. 6 of 2014, require consolidation, regulation, and formalization in accordance with the provisions of the Maharashtra Public Universities Act, 2016;

And

WHEREAS, it is necessary to regulate the creation, administration, operation, and utilization of the Teachers' Welfare Fund, including the eligibility, procedure, and conditions for granting financial assistance, loans, grants, and welfare benefits by the way of Regulation;

And

WHEREAS, the Management Council in its meeting held on28th December, 2024, vide item No.215 resolved that fund shall also be utilized for giving financial assistance to the job workers working in Sant Gadge Baba Amravati University, Amravati;

And

WHEREAS, in exercise of the powers conferred under the clauses 31(f) and 75(1) of the Maharashtra Public Universities Act, 2016, the Management Council of Sant Gadge Baba Amravati University, Amravati hereby makes the following Regulation;

And

WHEREAS, it is expedient to frame Regulation to prescribe the norms for Teachers' Welfare Fund for providing financial assistance, welfare support, loans, and grants to teachers and their dependents;

And

WHEREAS, the management council in its meeting dated 04.03.2026 vide item no. 33 has propose policy regarding norms for Teachers' Welfare Fund for providing financial assistance, welfare support, loans, and grants to teachers and their dependents;

Now, therefore, in exercise of the powers conferred under 31 (f) of Maharashtra Public Universities Act, 2016, the Management Council of Sant Gadge Baba Amravati University, Amravati hereby makes the following Regulation:

(1) Short title and commencement: -

(a) This Regulation may be called "**Regulation prescribing the norms for Teachers' Welfare Fund for providing financial assistance, welfare support, loans, and grants to teachers and their dependents, Regulation, 2026"**

(b) This Regulation shall come into force with effect from the date of approval of the Management Council.

(2) Definitions:

In this Regulation, unless the context otherwise requires:

1) "affiliated college" means a college which has been granted affiliation by the Sant Gadge Baba Amravati University, Amravati;
2) "Appendix" means Appendix-A appended to this Regulation.
3) "authorities" means the authorities of the Sant Gadge Baba Amravati University, Amravati as specified by Maharashtra Public Universities Act, 2016;

4) "autonomous college", "autonomous institution" or "autonomous department" means a college, institution or department to which autonomy is granted and is designated to be so by the Statutes;
5) "college" means a college affiliated to the Sant Gadge Baba Amravati University, Amravati, situated in the university area or jurisdiction;
6) "conducted college" means a college maintained and managed by the Sant Gadge Baba Amravati University, Amravati;
7) "department" means a department teaching a particular subject or a group of subjects in a college or university as prescribed in the Statutes;
8) "institution" means an academic institution of higher learning, not being a college, associated with and admitted to the privileges of the Sant Gadge Baba Amravati University, Amravati;
9) "Job Workers" means persons engaged by the University on a temporary, contractual, daily wage, honorarium, outsourcing, or assignment basis, who perform specified duties or services for the University within its campus or departments, but who are not appointed against sanctioned permanent teaching or non-teaching posts of the University.
10) "Student" means an individual who is admitted and registered for an academic programme of the University or affiliated, conducted, autonomous colleges and recognized, institutions of the Sant Gadge Baba Amravati University, Amravati;
11) "teacher" means full-time approved professor, associate professor, assistant professor, reader, lecturer, librarian, principal, Director of an institution, Director of Knowledge Resource Centre, Director of Centre of Lifelong Learning and Extension, deputy or assistant librarian in the university, college librarian, Director or instructor of physical education in any university department, conducted, affiliated or autonomous college, autonomous institution or department or recognized institution of the Sant Gadge Baba Amravati University, Amravati;
12) "university department" means a department established and maintained by the university as prescribed by the Statutes;

By this Regulation the process of creation of Fund, Object of Fund, Mode of Financial Assistance, Administration and operation of the Fund, rate of interest and purpose of the Loan will hereby be regulated on the following conditions.:-

(3) Creation of fund:

A Teachers Welfare Fund shall be created by university out offollowingreceipts:

(a) Deduction of 5% of net amount payable by the university to paper setters, Examiners, tabulators, scrutinizers, (who are teachers) from their remuneration bills.

(Note- This deduction shall not however be made fromremuneration payable to tabulators and scrutinizers who are not teachers).

(b) Remuneration surrendered by the examiners in favour of the University.
(c) Remuneration payable to an examiner as setter and valuer.
(d) Donation received from the Government,University, Colleges and other sources for this fund.
(e) Interest on Investments made from out of the fund.

(4) Objects:

The fund shall be utilised for giving financial assistance to the teachers and their dependents. The term teacher includes Principals, Professors, Readers, Associate Professors, Assistant Professors, Lecturers, CHB Teachers, Demonstrators, Tutors of the University and its affiliated colleges as well as recognised institutions as defined under clause 2 (61) of the Maharashtra Public Universities Act-2016. The fund shall also be utilized for giving financial assistance to the job workers working in SGBAU Campus.(as per decision of the Management Council date 28.12.2024 vide item No.215).

(5) **Mode of Financial Assistance:**The financial assistance will be made either by the way of loan with interest or as an outright grant as provided in **Appendix-A** appended herewith.

(6) **Administration of the Fund:**

(i) The Fund shall be administered by a committee (called Teachers Welfare Fund Committee) consisting of the following: -

(a) Vice-Chancellor, Ex-Officio Chairman.

(b) Two members nominated by the Management Council of which oneshall be a teacher member.

(c) Two teacher members nominated by the Academic Council out of whichOne shall be the Principal or Head of university Teaching Department.

(d) Two Teacher members nominated by the senate out of which one shall bethe Principal or Head of the University teaching Department.

(e) Finance & Accounts officer will be ex-officio Treasurer of the fund.

(f) Registrar of the University shall be the Ex-officio Member Secretary.

(ii) The teacher member shall cease to be member of this committee as soon as he ceases to be a member of authority which has nominated him on this committee.

(iii) T.A. and D.A. or Local conveyance allowance as per rules shall be payable to the committee members.

(iv) The committee will meet as often as desired by the Chairman, but it must meet at least once in a year.

(v) The quorum of the committee will be 5, provided that in case of emergency and when it is not expedient to call the meeting of the committee, the Chairman may sanction loans or grants up to the limit prescribed as per **Appendix-A** and report to the committee at its next meeting.

(7) **Operation of Fund:**

(a) For money as per 1(d) received, regular printed money-receipts shall be issued.

(b) Separate saving Bank Account opened in the Bank in the name of "Sant Gadge Baba Amravati University Teachers Welfare Fund" to which all amounts received shall be credited. This Account shall be operated, as per Account code applicable from time to time.

(c) Separate account book shall be maintained and at the close of each year, final accounts shall be prepared and got audited from the university auditors. The audited accounts shall be printed separately in the Annual Accounts of University.

(8) Grant of Loan, Rate of Interest on loan, Purpose of loan, Out Right Grant, Nature of schemes, Criteria, Maximum Limit of Loan and documents required for application are as prescribed in **Appendix-A** appended with this Regulation. Application form for loan for CHB Teachers (Annexure-1 & 2), Application form for Regular Teachers (Annexure-3 &4), Proposal for Grant for Minor Research Project (Annexure-5), Proposal for the Financial Assistance for Research Laboratory (Annexure-6), Proposal for the Financial Assistance for Patent (Annexure-7), Proposal for the Financial Assistance for Training (Annexure-8), Proposal for the Financial Assistance for Workshop (Annexure-9), Proposal for the Financial Assistance for Workshop/ Competition/ Event (Sports & Culture) (Annexure-10) are also appended with this Regulation.

(a) Any Teacher in need of loan from this fund shall submit his application through Proper channel to the Chairman in the form prescribed for the purpose. The application for loan from the fund should be accompanied by an irrevocable authority authorising the employers to deduct from the applicant's salary and other payment due the instalment of loan and interest thereon for payment towards the Sant Gadge Baba Amravati University Teachers welfare Fund.

(b) No fresh loan shall be sanctioned unless the previous loan, if granted is recovered in full with interest.

(c) The maximum loan that can be sanctioned to a teacher shall be as per **Appendix-A.** The recovery of loan and interest shall be made in not more than 24 equal monthly instalments from the salary of the monthly next to that of disbursement of loan. As soon as loanee a ceases to be teacher he shall be liable to refund the entire balance of loan immediately.

(d) The applicant should have completed at least 2 years continuous service as teacher on the date of application for the loan.

(e) The applicant for loan should provide a surety by another teacher who is permanent in service of the same institution and is not likely to retire from the service of institution within 3 years from the date of application for loan.

(f) The applicant shall specify in his application for loan the names and the address of his successors, their ages, relations with applicants and who, from amongst them, are dependents. Similarly, the applicant shall indicate his total monthly emoluments and full particulars of deductions there from and the net salary he is drawing from the institution where he is serving. Beside he will also state whether he has obtained loan from other sources like Banks, Co-operative societies etc. and what are the monthly instalments due to be paid in respect of each such loan.

(g) In the events of death of loanee shall before repayment of loan and interest thereon, the surety and dependants shall be liable to pay the balance of loan and interest. The head of institution shall start recovery of the loan and interest thereon from the salary of the surety.

(h) The teacher applying for loan and his surety shall have to execute the "Bond"on stamp paper in the prescribed form. This bond shall be countersigned by the Head of institutions where the applicant is serving. The applicant shall submit this Bond to the University on receipts of intimation that the loan is sanctioned to him.

(i) The head of institution where the applicant for loan is serving shall, while forwarding the application, certify that the detail's given the application are verified and found correct and that loan if sanctioned, will be recovered from the applicant's salary regularly from his salary bill and deduction so made shall be refunded to the University promptly.

(9) **Rate of interest on loan: -**The rate of interest on loan shall be as prescribed in Appendix-A

(10) **Purpose of loan:**Loan up to Rs. 25000/- may be paid to an individual Teacher under the following circumstances: -

(a) In the event of accident or serious illness to himself, his wife, dependent children and dependant parents.

(b) For the purpose of serious illness, the deceases mentioned in the list of the Government Resolution No. एएमजी-2005/प्र. क्र. 251/आ.3 dated 10th February, 2006byGovernment of Maharashtra shall be considered.

(c) For any other reason which the Teachers Welfare Committee deems fit.

(11) **Out Right Grant: -**In the event of accidental /Untimely death of CHB Teachers/ job workers Working in University Campus before retirement an outright grant of Rs. 25000/- shall be paid to his wife or in her absence to legal heirs of the deceased.

For claiming this *ex-gratia* payment of Rs. 25000/- the head of department/ institution where the deceased was serving shall inform in writing to the chairman of the Teachers welfare Fund Committee about death of the CHB Teachers/in service job workers. He will also inform the name of deceased's wife or in her absence the legal hairs in whose favour the payment should be made. On receipt of such intimation the payment shall be made immediately and the matter shall be reported to the committee at its next meeting.

(12) "Teachers of the affiliated colleges shall be paid the grant of Rs. 10,000/- for the oral Presentation of the paper in the international conferences. The said grant shall be paid First come First serve to four teachers in a year."

"Provided that the grant Rs. 10000/- shall applicable in each financial year to one Teacher working in Post Graduate Teaching Department of Sant Gadge Baba Amravati University on First come First serve basis."

(13) ''Every College should constitute at least one Member (Teacher) Committee for submitting the Proposal to the University in prescribed format for getting loan /financial assistance from Teachers Welfare Fund. The Committee after scrutiny should recommend the proposal for submission to the University."

(14) **Appendix:** Appendix-A containing schemes, eligibility criteria, limits, and procedures shall form an integral part of this Regulation.

(15) The amended Rule No. 11 of 2003, Rule No. 5 of 2007, Rule No. 2 of 2008, Rule No. 3 of 2013, and Rule No. 6 of 2014, relating to the Teachers' Welfare Fund, are hereby repealed.

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Appendix – A

Proposed Schemes under Teachers' Welfare Fund of Sant Gadge Baba Amravati University, Amravati.

Sr. No.	Scheme	Nature of Schemes	Particulars	Rules and Amounts Distributions	Documents
1.	For C.H.B. Teachers/ job workers working in University Campus.	1. Financial Assistance for chronic disease.	1. Heart Surgery 2. Implantation of Kidney. 3. Cancer. 4. Angioplasty. 5. Bypass 6. Accidental Surgery.	1. Approved C.H.B. teacher/ job workers working in University Campus. 2. Maximum limit Rs.10000/- 3. Per year 100000/- shall be allowed from this Head.	1. Application in the given format. *(Annexure No.1)* 2. Recommended by Head of Institutions/Head of University Teaching Deptt. 3. Medical Certificate. 4. Letter of Principal/HOD regarding non availment of any Mediclaim
		2. Financial Assistance for research (For CHB only)	1. For Ph.D. 2. For registration of Patent. 3. For presentation of research paper in National/ International Conferences.	1. Three years Approved C.H.B. teacher and continue valuations of papers. 2. Rs.5000/- per head. On recommendation of Supervisor 3.Per year 100000/-/- shall be allowed from this Head. 4. Proposal shall be approved by TWS committee.	1 Application in the given format for Loan of C.H.B. *(Annexure No.2)* 2. Ph. D. Registration letter. 3. Relevant Documents.
		3. Help to the family in case of accidental/ Untimely death.	1. Accidental / Untimely Death.	1. Approved C.H.B. teacher/ job workers working in University Campus. 2. Rs.25000/- immediate assistance to his/her mother/father or Wife/husband & children. 3. Letter by authorized person of Institute with certificate.	1. Simple Application from institution. 2. Death certificate

2.	For Regular Teachers	1. Loan for chronic disease.	1. Heart Surgery 2. Implantation of Kidney. 3. Cancer. 4. Angioplasty. 5. Bypass 6. Accidental Surgery.	1. Approved Regular teacher. 2. Rs.1 Lakh Refundable loan without interest if refunded within one year. 3. There after 8% interest per annum. 4. Submission of proposal through Principal on the basis of acceptance of responsibility of refund from the salary. 5. Proposal shall be approved by TWS committee.	1. Application in the given format for chronic disease loan for regular teachers. *(Annexure No.3)* 2. Proof of disease. Medical Certificate or Doctor's Certificate
		2. Educational loan.	1. Higher education for Children. 2. Personal Higher educational loan for Ph.D. and Post Doctorate in abroad.	1. Approved regular teacher. 2. Maximum 5 Lakh Refundable loan with 8% interest per annum. 3. Refund within three years. 4. Submission of proposal through Principal on the basis of acceptance of responsibility of refund from the salary. 5. Loan for Professional education of children (B.E., M.E., M.B.B.S., M.D.,M.B.A. and M.S. etc) 6. Submission of documents related to admission. 7. Not more than Rs.25 Lakh per year will be allowed from this Head of TWS in any year. 8. Proposal shall be approved by TWS committee. 9. In case of accidental untimely death the amount will be recovered from gratuity or any amount payable to the concerned teacher.	1. Application in the given format for educational loan for regular teachers. *(Annexure No.4)* 2. Proof of Education. 3. Relevant documents related to education.
		3. For Minor Research.	1. Own or with co-investigator related	1. Approved regular teacher with Ph.D.	1. Application in the given format for grants of minor

			to subject research project.	2. Maximum Rs.40000/- Grant. Conditions. I. Research project approved by TWS committee. II. If financial assistance is not received from any other agency for the same project. III. Proposal shall be submitted through the Principal. 3 Rs 4 Lakh per annum shall be allowed from this Head.	research project. *(Annexure No.5)* 2. Proposal of minor research as per the guidelines of U.G.C.
		4. Financial Assistance for Research Lab.		1. Approved regular teacher. 2. Maximum Rs.1 Lakh grant.(80% for Instrument & 20% for other expenses) 3. The research work of the teacher must be of international level. 4. At least two research papers shall be published in UGC care/ Scopus/web of science index/ Peer reviewed Journals. 5. Submission of the Proposal through the Principal for the up gradation of Research Centre. 6. Rs.2 Lakh per year shall be allowed from this Head. 7. Proposal shall be approved by TWS committee.	1. Application in the given format for grants of development of research lab. *(Annexure No.6)* 2. Proposal of development of research Lab. 3. Quotations of equipment.
		5. Financial Assistance for Patent.	1. For own research work patent. 2. Patent must be useful to the society and Help in building the Nation	1. Approved regular teacher. 2. Upto Rs.20000/-Grant. 3. Submission of the Proposal through the Principal with all necessary documents.	1. Application in the given format for grants of registrations of patent. *(Annexure No.7)* 2. Proposal of the registration of patent.

				4. Grant is only for registration of the patents and not for renewal. 5. Rs.1 Lakh per annum shall be allowed from this Head. 6. Proposal shall be approved by TWS committee.	
		6. Emergency financial help in the case of Natural or Accidental death in the premises of university campus.	. Regular teacher	1. Rs.25000/- immediate help to his/her mother/ father/ spouse or children in the form of cash or cheque/RTGS	1. Information by Registrar of University to TWS Committee Secretary.
		7.Oral Presentation		1.Teachers of the affiliated colleges shall be paid the grant of Rs. 10,000/- for the oral Presentation of the paper in the international conferences. The said grant shall be paid First come First serve to four teachers in a year. Provided that the grant Rs. 10000/- shall applicable in each financial year to one Teacher working in Post Graduate Teaching Department of Sant Gadge Baba Amravati University on First come First serve basis.	
3.	Trainings for Regular Teacher	1. Inspirational workshops. 2. Research Training Workshop.	Workshop on inspiration of teacher, Research training workshop	1. Proposal of workshop submitted through the college, Department of University.	1. Application in the given format for grants of trainings/workshops for teachers.

		3. Training for Newly appointed teachers for career development.	and workshop for new teachers for career development.	2. Proposal shall be approved by TWS committee. 3. Maximum Rs.10000/- grant shall be allowed if Financial Assistance is not received from the Sant Gadge Baba Amravati University's other scheme. 4. Rs.1,00,000/- per annum will be allowed from this Head.	*(Annexure No.8)*
4.	Workshop for Regular Teacher	1. Subject related workshop organized by Subject association or teachers' association.	Workshop on 1. Restructuring of syllabus. 2. Development of pedagogies. 3. Introduction of short term courses. 4. Improvement of internal assessment process. 5. Introduction of modules in syllabus	1. Proposal shall be submitted by college, subject association (Registered) to the committee (TWS). 2. Maximum Rs.10000/- grants shall be allowed. 3.Rs.50,000/- per annum shall be allowed from this Head, if financial Assistance is not received for the Sant Gadge Baba Amravati University's other schemes.	1. Application in the given format for grants of trainings/workshops for teachers. *(Annexure No.9)*
5.	Sport and Culture for Regular Teacher	Workshop on Sports and Culture, Competitions in Sports and Culture and Events of Cultures.	All this organized for teachers' communities.	1. The proposal shall be submitted through head of the institute. Department of University to TWS committee. 2. The Proposal shall be approved by TWS committee. 3. Maximum Rs.10000/- grant shall be allowed. 4. Per year Rs.1,00,000/-/- shall be allowed from this Head..	1. Application in the format for grants of Sports/Cultural activities for teachers. *(Annexure No.10)*

Note:

1) For the following schemes there shall be preference for Divyangjan and amount per head per annum may be increased by additional 10% respectively as and when required.
2) For C.H.B. Teachers: Financial Assistance for research.
3) For regular Teachers: a) For Minor Research b) Financial Assistance for research Lab c) Financial Assistance for Patents.

Annexure - 1

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI

TEACHERS' WELFARE SCHEME

APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR CHRONIC DISEASES (FOR CHB TEACHERS)/JOB WORKERS WORKING IN UNIVERSITY CAMPUS

From : .....
.....
.....

To,

The Vice - Chancellor and Chairman,
Teachers Welfare Fund Committee,
S.G.B. Amravati University, Amravati.

Subject :- Application for Financial Assistance for Chronic Disease from the Teachers' Welfare Fund

Sir,

I the undersigned, request that a Financial Assistance of Rs. ..... be sanctioned and paid to me from the Teachers Welfare Fund. The details of the information required for this purpose are given below :

1. Full Name of the Applicant : .....

2. Permanent Address : .....
.....

3. Present Address : .....
.....

4. Date of Birth : .....

5. Name of the College /Institution where serving : .....
.....

6. Give the details about the Disease (Attach Certificate of Doctor)
.....

.....

7. Give the details about the Valuation at University Valuation Center (Attached Certificate of Valuation

Sr. No.	Subject	Duration	No. of Answer sheet

I hereby submit that the information given above are true to my knowledge and I shall abide by the Rules and Regulations of the Teachers' Welfare Fund. In case of default, the Registrar, Sant Gadge Baba Amravati University, who is the Secretary of the Teachers' Welfare Fund Committee, shall have a legal right to recover the balance of loan and interest thereon from me, my surety and the dependants.

I request, that the Financial Assistance for Chronic Disease may please be sanctioned and paid to me at your earliest.

Yours faithfully,

Place : .....

Date : .....

.....

Signature of the Applicant

I recommend that the Financial Assistance for Chronic Diseases (for CHB) applied for may please be sanctioned.

Place : .....

Date : .....

.....

Signature of the Principal / Head of the Institution

Annexure - 2

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI
TEACHERS' WELFARE SCHEME

APPLICATION FORM FOR LOAN
(FOR CHB TEACHERS)

From : .....
.....
.....

To,

The Vice - Chancellor and Chairman,
Teachers Welfare Fund Committee,
S.G.B. Amravati University, Amravati.

Subject :- Application for grant of loan for CHB Teachers from the Teachers' Welfare Fund.

Sir,

I the undersigned, request that a loan of Rs. ..... be sanctioned and paid to me from the Teachers Welfare Fund. The details of the information required for this purpose are given below :

1. Full name of the Applicant : .....

2. Permanent Address : .....
.....

3. Present Address : .....
.....

4. Date of Birth : .....

5. Name of the College /Institution where serving : .....
.....

6. The purpose for which the loan applied for is required
.. ..
.....

.....

7. Give the details about the Valuation at University Valuation Center (Attached Certificate of Valuation

Sr. No.	Subject	Duration	No. of Answer sheet

I hereby submit that the information given above are true to my knowledge and I shall abide by the Rules and Regulations of the Teachers' Welfare Fund. In case of default, the Registrar, Sant Gadge Baba Amravati University, who is the Secretary of the Teachers' Welfare Fund Committee, shall have a legal right to recover the balance of loan and interest thereon from me, my surety and the dependants.

I request, that the Financial Assistance for Chronic Disease may please be sanctioned and paid to me at your earliest.

Yours faithfully,

Place : .....

Date : .....

.....

Signature of the Applicant

I recommend that the Financial Assistance for Chronic Diseases (for CHB) applied for may please be sanctioned.

Place : .....

Date : .....

.....

Signature of the Principal / Head of the Institution

DECLARATION BY THE SURETY.

I hereby declare that I am serving in .....
(Name of the college/Institution)

as ..... since ..... I am a Permanent employee of this
(Designation) (Date of appointment)

college/Institution. My date of superannuation is ..... I agree to stand as surety for the loan applied for by Shri..... and undertake to refund this loan with interest thereon in full in the event of default.

Place : .....

Date : .....

.....
Signature of the Surety

(TO BE FILLED IN BY PRINCIPAL/HEAD OF THE COLLEGE/INSTITUTION)

I have verified the details given by Shri. ..... and certify that these are correct as per the college/Institution record. The details given by the surety are also correct as per the college/Institution record.

I hereby declare that the loan if sanctioned and paid shall be recovered from the salary of the applicant and in case of default from the salary of the surety.

I recommend that the loan applied for the treatment of Chronic Diseases may please be sanctioned.

Place : .....

Date : .....

.....
Signature of the Principal / Head of the Institution

ON STAMP PAPER

INDEMNITY BOND WITH SURETY

WHERE AS I ....s/o .....
(Name of the Debtor)

(hereinafter referred to as the debtor) is an employee of .....

AND WHEREAS the debtor had on .....applied to the Sant Gadge Baba Amravati University, Amravati to grant him a loan of Rs. ..... from the Teachers' Welfare Fund of the Sant Gadge Baba Amravati University, Amravati.

AND WHEREAS the said Sant Gadge Baba Amravati University, Amravati (hereinafter referred to as the creditor) has agreed to advance to the debtor a loan of Rs. ..... on the express condition that the said debtor should executive a bond in terms set forth herein to guarantee the payment of the said sum in installments as mentioned hereunder to provide one solvent surety to ensure prompt payment.

AND WHEREAS at the request of the debtor and in consideration of the creditor advancing the aforesaid loan ..... s/o. .....
(Name of Surety)

(hereinafter referred to as the surety) has agreed to stand surety for the due fulfillment of the terms and conditions of this bond.

Now the debtor ..... aforesaid hereby agrees and binds
(Name of Debtor)

himself to repay the said sum of Rs. ..... with interest at the rate ..... in installments of Rs. ..... per month recoverable from his salary until the whole amount due to the said creditor is paid. The first installment shall be payable on ..... day of each calendar month. In the event of non-payment of any one installment by the debtor or any installment remaining in arrears, the whole amount remaining unpaid and due shall become recoverable at once in lump sum from the debtor.

And the surety hereby agrees that in case the aforesaid debtor shall fail to pay on demand the said sum, the surety Shri.....s/o .... shall without objection pay the said dues of the said debtor Shri. ..... and the creditor shall be entitled to
(Name of the Debtor)

recover the said amount from the surety in one lump sum. The aforesaid surety further agrees that his liability to repay the said amount shall be co-extensive with that of the debtor.

IN WITNESS WHERE OF THE SAID .....
(Name of Debtor)
and ..... surety for the said ..... hereby
(Debtor)
execute this bond in the presence of the witness whose attestation is subscribed below :-

Witnesses:

1. ....
(Signature of Debtor)

2. ....
(signature of Surety)

Countersigned

Place : ....
(Head of the Institution/Principal)

Date : .....

Annexure - 3

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI
TEACHERS' WELFARE SCHEME

APPLICATION FORM FOR LOAN FOR THE TREATMENT OF CHRONIC DISEASES (FOR REGULAR TEACHERS)

From : .....
.....
.....

To,
The Vice - Chancellor and Chairman,
Teachers Welfare Fund Committee,
S.G.B. Amravati University, Amravati.

Subject :- Application for grant of Loan for the treatment of chronic diseases (for Regular Teachers) from the Teachers' Welfare Fund.

Sir,

I the undersigned, request that a loan of Rs. ..... be sanctioned and paid to me from the Teachers Welfare Fund. The details of the information required for this purpose are given below :

1. Full name of the applicant : .....

2. Permanent Address : .....
.....

3. Present Address : .....
.....

4. Date of Birth : .....

5. Name of the College /Institution where serving : .....
.....

6. Date of appointment in the College/Institution : .....
.....

7. Whether permanent or temporary: .....
.....

8. Total Salary Rs. .....

9. Details of deduction from the salary (Attached Salary Certificate)

.....

.....

.....

10. Names of the dependants, their relation with the applicant and age.

Name	Relation	Age

11. Names of the dependants in whose favour nominations have been given in the declaration form in respect of retirement benefits (Names to be given in order of preferences and the share of each) :

1. ..... 4. .....

2..... 5. .....

3..... 6. .....

12. The purpose for which the loan applied for :(Attach Certificate of Doctor)

.....

13. The Name and Address of the Surety:

Name : .....

Address .....

.....

I hereby submit that the information given above are true to my knowledge and I shall abide by the Rules and Regulations of the Teachers' Welfare Fund. In case of default, the Registrar, Sant Gadge Baba Amravati University, who is the Secretary of the Teachers' Welfare Fund Committee, shall have a legal right to recover the balance of loan and interest thereon from me, my surety and the dependants.

I request, that the loan applied for the treatment of Chronic Disease may please be sanctioned and paid to me at your earliest.

Yours faithfully,

.....

Signature of the Applicant

Place : .....

Date : .....

DECLARATION BY THE SURETY

I hereby declare that I am serving in .....
(Name of the University/ College/Institution)

as ....since ..... I am a Permanent employee of this
(Designation) *(Date of appointment)*

College/Institution. My date of superannuation is ..... I agree to stand as surety for the loan applied for by Shri..... and undertake to refund this loan with interest thereon in full in the event of default.

Place : .....

Date : .....

.....
Signature of the Surety

(TO BE FILLED IN BY PRINCIPAL/HEAD OF THE INSTITUTION)

I have verified the details given by Shri. ..... and certify that these are correct as per the college/Institution record. The details given by the surety are also correct as per the college/Institution record.

I hereby declare that the loan if sanctioned and paid shall be recovered from the salary of the applicant and in case of default from the salary of the surety.

I recommend that the loan(for CHB) applied for may please be sanctioned.

Place : .....

Date : .....

.....
Signature of the Principal / Head of the Institution

ON STAMP PAPER

INDEMNITY BOND WITH SURETY

WHERE AS I ....s/o .....
(Name of the Debtor)

(hereinafter referred to as the debtor) is an employee of .....

AND WHEREAS the debtor had on .....applied to the Sant Gadge Baba Amravati University, Amravati to grant him a loan of Rs. ..... from the Teachers' Welfare Fund of the Sant Gadge Baba Amravati University, Amravati.

AND WHEREAS the said Sant Gadge Baba Amravati University, Amravati (hereinafter referred to as the creditor) has agreed to advance to the debtor a loan of Rs. ..... on the express condition that the said debtor should executive a bond in terms set forth herein to guarantee the payment of the said sum in installments as mentioned hereunder to provide one solvent surety to ensure prompt payment.

AND WHEREAS at the request of the debtor and in consideration of the creditor advancing the aforesaid loan ..... s/o. .....
(Name of Surety)

(hereinafter referred to as the surety) has agreed to stand surety for the due fulfillment of the terms and conditions of this bond.

Now the debtor ..... aforesaid hereby agrees and binds
(Name of Debtor)

himself to repay the said sum of Rs. ..... with interest at the rate ..... in installments of Rs. ..... per month recoverable from his salary until the whole amount due to the said creditor is paid. The first installment shall be payable on ..... day of each calendar month. In the event of non-payment of any one installment by the debtor or any installment remaining in arrears, the whole amount remaining unpaid and due shall become recoverable at once in lump sum from the debtor.

And the surety hereby agrees that in case the aforesaid debtor shall fail to pay on demand the said sum, the surety Shri.....s/o .... shall without objection pay the said dues of the said debtor Shri. ..... and the creditor shall be entitled to
(Name of the Debtor)

recover the said amount from the surety in one lump sum. The aforesaid surety further agrees that his liability to repay the said amount shall be co-extensive with that of the debtor.

IN WITNESS WHERE OF THE SAID .....
(Name of Debtor)
and ..... surety for the said ..... hereby
(Debtor)
execute this bond in the presence of the witness whose attestation is subscribed below :-

Witnesses:

1. ....
(Signature of Debtor)

2. ....
(signature of Surety)

Countersigned

Place : ....
(Head of the Institution/Principal)

Date : .....

Annexure - 4

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI

TEACHERS' WELFARE SCHEME

APPLICATION FORM FOR EDUCATIONAL LOAN

(FOR REGULAR TEACHERS)

From : .....

.....

.....

To,

The Vice - Chancellor and Chairman,
Teachers Welfare Fund Committee,
S.G.B. Amravati University, Amravati.

Subject :- Application for grant of Educational loan from the Teachers' Welfare Fund.

Sir,

I the undersigned, request that a loan of Rs. ..... be sanctioned and paid to me from the Teachers Welfare Fund. The details of the information required for this purpose are given below :

1. Full name of the applicant : .....

2. Permanent Address : .....

.....

3. Present Address : .....

.....

4. Date of Birth : .....

5. Name of the College /Institution where serving : .....

.....

6. Date of appointment in the College/Institution : .....

.....

7. Whether permanent or temporary : .....

.....

8. Total Salary Rs. .....

9. Details of deduction from the salary (Attached Salary Certificate)

.....

.....

.....

10. Names of the dependants, their relation with the applicant and age.

Name	Relation	Age

11. Names of the dependants in whose favour nominations have been given in the declaration form in respect of retirement benefits (Names to be given in order of preferences and the share of each) :

1. ..... 4. .....

2..... 5. .....

3..... 6. .....

12. The purpose for which the loan applied for :(Attach relevant documents)

.....

13. The Name and Address of the Surety:

Name : .....

Address .....

.....

I hereby submit that the information given above are true to my knowledge and I shall abide by the Rules and Regulations of the Teachers' Welfare Fund. In case of default, the Registrar, Sant Gadge Baba Amravati University, who is the Secretary of the Teachers' Welfare Fund Committee, shall have a legal right to recover the balance of loan and interest thereon from me, my surety and the dependants.

I request, that the Educational loan applied for may please be sanctioned and paid to me at your earliest.

Yours faithfully,

Place : .....

Date : .....

.....

Signature of the Applicant

DECLARATION BY THE SURETY

I hereby declare that I am serving in .....
(Name of the University/College/Institution)

as ..... since ..... I am a Permanent employee of this
(Designation) (Date of appointment)

University/College/Institution. My date of superannuation is ..... I agree to stand as surety for the loan applied for by

Shri.....

and undertake to refund this loan with interest thereon in full in the event of default.

Place : ....

Date : ..... Signature of the Surety

(TO BE FILLED IN BY PRINCIPAL/HEAD OF THE UNIVERSITY/ COLLEGE/ INSTITUTION)

I have verified the details given by Shri. ..... and certify that these are correct as per the college/Institution record. The details given by the surety are also correct as per the college/Institution record.

I hereby declare that the loan if sanctioned and paid shall be recovered from the salary of the applicant and in case of default from the salary of the surety.

I recommend that the Educational loan applied for may please be sanctioned.

Place : .....

Date : ....
Signature of the Principal / Head of the Institution

ON STAMP PAPER

INDEMNITY BOND WITH SURETY

WHERE AS I ....s/o .....
(Name of the Debtor)

(hereinafter referred to as the debtor) is an employee of .....

AND WHEREAS the debtor had on .....applied to the Sant Gadge Baba Amravati University, Amravati to grant him a loan of Rs. ..... from the Teachers` Welfare Fund of the Sant Gadge Baba Amravati University, Amravati.

AND WHEREAS the said Sant Gadge Baba Amravati University, Amravati (hereinafter referred to as the creditor) has agreed to advance to the debtor a loan of Rs. ..... on the express condition that the said debtor should executive a bond in terms set forth herein to guarantee the payment of the said sum in installments as mentioned hereunder to provide one solvent surety to ensure prompt payment.

AND WHEREAS at the request of the debtor and in consideration of the creditor advancing the aforesaid loan ..... s/o. .....
(Name of Surety)

(hereinafter referred to as the surety) has agreed to stand surety for the due fulfillment of the terms and conditions of this bond.

Now the debtor ..... aforesaid hereby agrees and binds
(Name of Debtor)

himself to repay the said sum of Rs. ..... with interest at the rate ..... in installments of Rs. ..... per month recoverable from his salary until the whole amount due to the said creditor is paid. The first installment shall be payable on ..... day of each calendar month. In the event of non-payment of any one installment by the debtor or any installment remaining in arrears, the whole amount remaining unpaid and due shall become recoverable at once in lump sum from the debtor.

And the surety hereby agrees that in case the aforesaid debtor shall fail to pay on demand the said sum, the surety Shri.....s/o .... shall without objection pay the said dues of the said debtor Shri. ..... and the creditor shall be entitled to
(Name of the Debtor)

recover the said amount from the surety in one lump sum. The aforesaid surety further agrees that his liability to repay the said amount shall be co-extensive with that of the debtor.

IN WITNESS WHERE OF THE SAID .....
(Name of Debtor)
and ..... surety for the said ..... hereby
(Debtor)
execute this bond in the presence of the witness whose attestation is subscribed below :-

Witnesses:

1. ....
(Signature of Debtor)

2. ....
(signature of Surety)

Countersigned

Place : ....
(Head of the Institution/Principal)

Date : .....

Annexure - 5

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI

TEACHERS' WELFARE SCHEME

PROPOSAL FOR GRANT FOR MINOR RESEARCH PROJECT

1. Board Subject :.....

2. Area of Specialization : .....

3. Duration : .....

4. Details about Principal Investigator:

   i. Name: .....

   ii. Sex: M/F/T.....

   iii. Date of birth: .....

   iv. Category: (GEN/SC/ST/NT/OBC/SBC) .....

   v. Qualification: .....

   vi. Designation: .....

   vii. Address: Office: .....

   Residence : .....

   email : .....

   Phone : .....

5. Name of the Institution where the project will be undertaken:

   (a) Department : .....

   (b) College : .....

   (c) Whether the institute is located in rural/backward area:.....

6. Teaching and Research Experience of Principal Investigator:

   (a) Teaching Experience: UG_____years PG_____years

   (b) Research Experience: .....

   (c) Publications: .....

   Papers published: .....

   Accepted: .....

   Communicated: .....

   (d) Books published: .....

   Accepted: .....

   Communicated:

   (Please enclose the list of papers and books published and/or accepted during last five years)

7. **Proposed Research Work** (attach detail proposal)

   (i) Project Title

   (ii) Introduction

   (iii) Objectives

   (iv) Methodology:

   (v) Year-wise Plan of work and targets to be achieved.

8. Financial Assistance required

Sr. No.	Items	Estimated Expenditure
1.	Books and Journals	
2.	Equipments	
3.	Field work and Travel	
4.	Chemicals and Glassware	
5.	Contingency(including special needs)	
6.	Hiring Services	
	Total:	

9. Whether the teacher has received support for the research project from the UGC under Major, Minor or from any other agency? If so, please indicate:

   i. Name of the agency from which the assistance was approved :

   .....

   ii. Sanction letter No. and date under which the assistance was approved:

   .....

   iii. Amount approved and utilized :

   .....

   iv. Title of the project for which assistance was approved :

   .....

To certify that:

a. General physical facilities, such as furniture/space etc., are available in the Laboratory.

b. I shall abide by the rules governing the scheme in case assistance is provided to me from the Teachers Welfare Scheme for the above project.

c. I shall complete the Development of Research Lab in stipulated period.

Signature of Principal Investigator

Signature of Principal of College/ Head of Institution

(with seal)

Place:

Date:

ACCEPTANCE CERTIFICATE FOR GRANT FOR MINOR RESEARCH PROJECT

Name _____

Title of the Project _____

1. The terms and conditions related to the grant for Minor Research Project are acceptable to the Principal Investigator and University/ College/Institution.
2. The Research Project is not being supported by any other funding agency.
3. We shall submit the expenditure incurred for the Minor Research Project.

Signature of Principal Investigator

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

Annexure - 6

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI

TEACHERS' WELFARE SCHEME

PROPOSAL FOR THE FINANCIAL ASSISTANCE FOR RESEARCH LABORATORY

1. Board Subject : .....
2. Area of Specialization : .....
3. Duration : .....
4. Details about Research Supervisor:
   - i. Name: .....
   - ii. Sex: M/F/T .....
   - iii. Date of Birth: .....
   - iv. Category: (GEN/SC/ST/NT/OBC/SBC) .....
   - v. Qualification: .....
   - vi. Designation: .....
   - vii. Address: Office: .....

     Residence : .....

     email : .....

     Phone : .....
5. Name of the Institution where the Research Lab will be Developed:
   - (a) Department : .....
   - (b) College : .....
   - (c) Whether the institute is located in rural/backward area:.....
6. Teaching and Research Experience of Research Supervisor:
   - (a) Teaching Experience: UG_____years PG_____years
   - (b) Research Experience: .....
   - (c) Publications: .....

     Papers published: .....

     Accepted: .....

     Communicated: .....
   - (d) Books published: .....

     Accepted: .....

     Communicated: .....

     (Please enclose the list of papers and books published and/or accepted during last five years)

Proposal to Developed Research Laboratory

7. Justification for the Development of Research Laboratory in Brief. (Attached Separate Sheet)

8. Financial Assistance required

Sr. No.	Items	Estimated Expenditure
1.	Equipments	
2.	Chemicals and Glassware	
3.	Hiring Services	
	Total:	

9. Whether the teacher has received support for the research project from the UGC under Major, Minor or from any other agency? If so, please indicate:

   i. Name of the agency from which the assistance was approved :
   .....

   ii. Sanction letter No. and date under which the assistance was approved:
   .....

   iii. Amount approved and utilized :
   .....

   iv. Title of the project for which assistance was approved :
   .....

To certify that:

a. General physical facilities, such as furniture/space etc., are available in the Laboratory.

b. I shall abide by the rules governing the scheme in case assistance is provided to me from the Teachers Welfare Scheme for the above project.

c. I shall complete the Development of Research Lab in stipulated period.

Signature of Research Supervisor/ Principal Investigator

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

ACCEPTANCE CERTIFICATE FOR THE FINANCIAL ASSISTANCE FOR DEVELOPMENT OF RESEARCH LABORATORY

Name _____

Name of Research Laboratory_____

1. The terms and conditions related to the Financial Assistance for development of Research Laboratory are acceptable to the Principal Investigator and University/ College/Institution.
2. We shall submit the expenditure incurred for the Development of Research Laboratory.

Signature of Research Supervisor/ Principal Investigator

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

Annexure - 7

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI
TEACHERS' WELFARE SCHEME

PROPOSAL FOR THE FINANCIAL ASSISTANCE FOR PATENT

1. Subject:.....

2. Area of Specialization: .....

3. Duration : .....

4. Details about Teacher:

   i. Name: .....
   ii. Sex: M/F/T.....
   iii. Date of birth: .....
   iv. Category: (GEN/SC/ST/NT/OBC/SBC) .....
   v. Qualification: .....
   vi. Designation: .....
   vii. Address: Office: .....

   Residence : .....

   email : .....

   Phone : .....

5. Name Of The Institution: .....
   (a) Department : .....
   (b) College : .....
   (c) Whether the institute is located in rural / backward area:.....

6. Teaching and Research Experience (of the Teacher who apply for the Patent):
   (a) Teaching Experience: UG_____years PG_____years
   (b) Research Experience: .....
   (c) Publications: .....
   Papers published: .....
   Accepted: .....
   Communicated: .....
   (d) Books published: .....
   Accepted: .....
   Communicated: .....
   (Please enclose the list of papers and books published and/or accepted during last five years)

7. Proposed Patent

   (i) Patent Title : .....

   (ii) Whether applied for the patent, give details.(Attach Copy)
   .....
   .....

8. STATUS OF PATENT FILED : .....

9. FINANCIAL ASSISTANCE REQUIRED, GIVE DETAILS :
   .....
   .....

To certify that:

a. General physical facilities, such as furniture/space etc., are available in the Department/College.

b. We shall abide by the rules governing the scheme in case assistance is provided to me from the Teachers Welfare Scheme for the above project.

Signature of the Teacher

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

ACCEPTANCE CERTIFICATE FOR FINANCIAL ASSISTANCE FOR PATENT

Name of the Teacher .....

Title of the Patent: .....

No.: F..... Dated : .....

1. The terms and conditions related to the Financial Assistance are acceptable to the Teachers of University/College/Institution.
2. We shall submit the expenditure incurred for Patent work.

Signature of the Teacher

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

Annexure - 8

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI
TEACHERS' WELFARE SCHEME

Proposal for the Financial Assistance for Training
(Inspirational/Research/Career Development)

1. ACTIVITY (Training) :.....

2. GEOGRAPHICAL COVERAGE : Departmental/State Level/National Level/ International Level
(PLEASE TICK (√) THE APPROPRIATE ITEM)

3. NATURE OF TRAINING : .....
.....

4. Date(s) : From.....to.....;
Total number of days: .....

5. VENUE : .....

6. NAME AND ADDRESS OF ORGANISING COLLEGE/UNIVERSITY DEPT.:
College Name :.....
Department(s) :.....
Address :.....
:.....
Pin :.....
Ph.No.: :.....
E-mail :.....

7. NAME & DESIGNATION OF CONVENOR/ORGANISING SECRETARY:
.....
.....

8. DETAILS OF ESTIMATED EXPENDITURE (in Rs.) FOR WHICH FINANCIAL ASSISTANCE IS SOUGHT
   a. TA and honorarium (Rs.1000/- per day) for Resource Persons : Rs.....
   b. Pre-Training printing (announcements, abstracts, etc.) :Rs.....
   c. Other expenditure :Rs.....

(GRAND TOTAL) :Rs.....

9. DETAILED PROPOSAL OF THE ACTIVITY

A. Title of the Activity:.....

B. Background including details of past events organized on the proposed topic:

.....

.....

C. Details about Training (in at least 500 words):

D. Target audience/participants with expected number:

E. Details of Sessions:
Please mention themes/topics to be covered under each Technical Session and names of Resource Persons:

F. Expected outcome:

10. A letter from Academic Association/Academic Body or Academic/Professional Institution, Association of Business/Industry, Voluntary Organization, NGO, Registered Society/Trust, as applicable, **must be furnished with the application, in case of collaboration.**

Signature of Convener/Organizing Secretary

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

ACCEPTANCE CERTIFICATE FOR FINANCIAL ASSISTANCE FOR TRAINING (INSPIRATIONAL/RESEARCH/CAREER DEVELOPMENT)

NAME & DESIGNATION OF CONVENOR/ORGANISING SECRETARY:

.....

NATURE OF TRAINING : .....

.....

1. The terms and conditions related to the Financial Assistance are acceptable to the Organizing College/University Department.
2. We shall submit the expenditure incurred for Training.

Signature of Convener/Organizing Secretary

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

Annexure - 9

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI

TEACHERS' WELFARE SCHEME

Proposal for the Financial Assistance for Workshop (Subject Association or Teachers Associations)

1. ACTIVITY (Workshop) :.....

2. GEOGRAPHICAL COVERAGE : Departmental/State Level/National Level/ International Level
(PLEASE TICK (√) THE APPROPRIATE ITEM)

3. NAME OF WORKSHOP : .....
.....

4. Date(s) : From.....to.....;
Total number of days: .....

5. VENUE : .....

6. NAME AND ADDRESS OF ORGANISING COLLEGE/UNIVERSITY DEPT.:

College Name :.....

Department(s) :.....

Address :.....
:.....

Pin :.....

Ph.No.: :.....

E-mail :.....

7. NAME & DESIGNATION OF CONVENOR/ORGANISING SECRETARY:
.....
.....

8. DETAILS OF ESTIMATED EXPENDITURE (in Rs.) FOR WHICH FINANCIAL ASSISTANCE IS SOUGHT

a. TA and honorarium (Rs.1000/- per day) for Resource Persons : Rs.....

b. Pre-Workshop printing (announcements, abstracts, etc.) :Rs.....

c. Other expenditure :Rs.....

(GRAND TOTAL) :Rs.....

9. DETAILED PROPOSAL OF THE ACTIVITY

A. Title of the Activity:.....

.....

B. Background including details of past events organized on the proposed topic:

.....

.....

C. Details about Workshop (in at least 500 words):

D. Target audience/participants with expected number:.....

E. Details of Sessions:
Please mention themes/topics to be covered under each Technical Session and names of Resource Persons:

F. Expected outcome:

10. A letter from Academic Association/Academic Body or Academic/Professional Institution, Association of Business/Industry, Voluntary Organization, NGO, Registered Society/Trust, as applicable, **must be furnished with the application, in case of collaboration.**

Signature of Convener/Organizing Secretary

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

ACCEPTANCE CERTIFICATE FOR FINANCIAL ASSISTANCE FOR WORKSHOP (SUBJECT ASSOCIATIONS OR TEACHERS ASSOCIATIONS)

NAME & DESIGNATION OF CONVENOR/ORGANISING SECRETARY:

.....

NAME OF WORKSHOP : .....

.....

1. The terms and conditions related to the Financial Assistance are acceptable to the Organizing College/University Department.
2. We shall submit the expenditure incurred for Workshop.

Signature of Convener/Organizing Secretary

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

Annexure - 10

SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI
TEACHERS' WELFARE SCHEME

Proposal for the Financial Assistance for Workshop/Competition/Event (Sports & Culture)

1. ACTIVITY (Workshop/Competition/Event) :.....

2. GEOGRAPHICAL COVERAGE : Departmental/State Level/National Level/ International Level
(PLEASE TICK (√) THE APPROPRIATE ITEM)

3. NAME OF WORKSHOP/COMPETITION/EVENT: .....
.....

4. Date(s) : From.....to.....;
Total number of days: .....

5. VENUE : .....

6. NAME AND ADDRESS OF ORGANISING COLLEGE/UNIVERSITY DEPT:
College Name :.....
Department(s) :.....
Address :.....
:.....
Pin :.....
Ph.No.: :.....
E-mail :.....

7. NAME & DESIGNATION OF CONVENOR/ORGANISING SECRETARY:
.....
.....

8. DETAILS OF ESTIMATED EXPENDITURE (in Rs.) FOR WHICH FINANCIAL ASSISTANCE IS SOUGHT
   a. TA and honorarium (Rs.1000/- per day) for Resource Persons : Rs.....
   b. Pre-Workshop printing (announcements, abstracts, etc.) :Rs.....
   c. Other expenditure :Rs.....

(GRAND TOTAL) :Rs.....

9. DETAILED PROPOSAL OF THE ACTIVITY

A. Title of the Activity:.....

.....

B. Background including details of past events organized on the proposed topic:

.....

.....

C. Details about Workshop/Competition/Event (in at least 500 words):

D. Target audience/participants with expected number:.....

E. Details of Sessions:

Please mention themes/topics to be covered under each Technical Session and names of Resource Persons:

F. Expected outcome:

10. A letter from Academic Association/Academic Body or Academic/Professional Institution, Association of Business/Industry, Voluntary Organization, NGO, Registered Society/Trust, as applicable, **must be furnished with the application, in case of collaboration.**

Signature of Convener/Organizing Secretary

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date:

ACCEPTANCE CERTIFICATE FOR FINANCIAL ASSISTANCE FOR WORKSHOP/COMPETITION/EVENT (SPORTS & CULTURE)

NAME & DESIGNATION OF CONVENOR/ORGANISING SECRETARY:

.....

NAME OF WORKSHOP/COMPETITION/EVENT: .....

.....

1. The terms and conditions related to the Financial Assistance are acceptable to the Organizing College/University Department.
2. We shall submit the expenditure incurred for Workshop/Competition/Event(Sports & Culture)

Signature of Convener/Organizing Secretary

Signature of Principal of College/ Head of Institution (with seal)

Place:

Date: