

**INDIAN INSTITUTE OF TECHNOLOGY DELHI
CONTINUING EDUCATION PROGRAMME**



PROPOSAL FORM UNDER CEP

1. Name of the Programme _____

2. Programme Coordinator(s) (a) _____
(b) Employee Code

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(c) Department/Centre/School _____
3. Will the programme be conducted outside IIT?

Yes	No
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4. Duration

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 days Dates from

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 to

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5. No. of Participants expected

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 Fee per participant Rs.

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6. Name(s) of Organization(s) _____
Sponsoring the programme _____
7. Total Receipt (Expected) Rs.

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8. Programme/Course Design:
(a) Type of the programme:

Refresher	Training	Advanced	Any other pl. specify
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(b) Level:

Post U.G.	Post P.G.	Post Ph.D	Any other pl. specify
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9. Details of Faculty members of IIT Delhi who would be assisting in the conduct of the programme.
(Attach a separate sheet if needed). *No single faculty member shall take more than 50% Lectures/Tutorials/Laboratory sessions. Any exceptions should be approved by DFB/ CBF/ SBF.*

Sr. Nos.	Name	Employee Code	Department/Centre	Total number of hours already committed to other CEP courses in the current semester

10. Details of the Guest Speakers: (Attach a separate sheet if needed)

Sr. Nos.	Name	Organization	Qualification/Specialization

11. Instructional objectives of the Programme:

On successful completion of the Programme, the participants will be able to:

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

12. Target audience:

(i) Are the participants from a single discipline?

Yes	No
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If not specify the disciplines _____

13. Methodology of Programme/Course presentation:

Lectures	Laboratory	Case Studies	Panel Discussion	Online content	Any other (Pl. specify)
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14. Number of programme conducted/being conducted by the coordinator(s), other than the proposed Programme in the current academic year:

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15. Total Proposed Budget (in Rupees) as per approved norms:

Rs.

Sl. No.	Type of courses	Lecture honorarium to faculty		Laboratory Staff	Proposed Total Budget (In Rupees)
			Upto (Rs)	Upto (Rs)	
1.	Program for Industry Sponsored/ PSU/ Participant fees/ International Agencies	Lecture (hour)	15,000/-	Upto Rs. 3000/- per session of 2.00 hrs for 20 students. (To be shared amongst lab staff.)	
		Tutorial (hour)	7,500/-		
		Laboratory (two hrs. session)	7,500/-		
2.	Incidental expenses for the preparation of Course Materials & typing, bags/ folder, stationary items etc.	Upto 10% of the total budget			
3.	Contingency (Including charges for transport, lecture theatre/ senate room / board room, accommodation etc.)	Upto 10% of the total budget			
4.	Tea, Lunch and Dinner for the programme	As per actual			
5.	Programme/ Course Coordination Charges: (This is summation of the effort of the coordinator(s) in conceptualizing, designing, developing, scheduling, customizing & delivering the programme)	Maximum upto 20% of the total programme budget (after the deduction of CEP fund @ 20% of the total budget) and not exceeding up to 5.0 Lakhs.			
Note: Course Design, Development & Coordination honorarium will be shared If there is more than one Course Coordinator.					
6.	Honorarium for supporting staff (Non-Teaching)	Upto Rs. 25000/-			
7.	Honorarium for Account/ CEP Staff	5% of the total programme budget upto a maximum of Rs.25000/-			
8.	CEP IIT Delhi, CEP fund @ 20% of the total budget	Distribution of the 20% CEP Fund A. 70% of CEP fund should go to institute fund B. 30% of CEP fund should go to CEP CORP (INRECEP)			
9.	The unspent balance in respect of funds received from Non-Government agencies, be deposited in the relevant PDF/DDF account analogous to the model adopted by IRD in the proportion as-	a.30% to PDF account of the Course Coordinator(s). b.20% to the DDF of the parent department /center. c.50% of CEP fund should go to CEP/CORP (INRECEP)			
10.	Any other (Please Specify)				
11.	All CEP Proposal Form must be recommended by DRC/CRC/SRC and HOD/HOC/HOS respectively.				
12.	A faculty member can coordinate or co-coordinate maximum four (04) program under CEP in an academic year and must take 20% sessions/ lectures in his or her programme.				
13.	No single faculty member shall take more than 50% of the lectures/ tutorials/ laboratory sessions. Any exception should be approved by DFB/CFB/SFB.				
14.	Above guidelines are not applicable on MHRD funded scheme i.e. QIP/TEQIP-II/NPTEL/ONLINE Programme				
15.	All purchases under CEP must be strictly done as per institute store purchase rules.				

Head of the Department/Centre/School
(Signature/date)

Signature of the Programme Coordinator(s)

Recommendation of the Coordinator, CEP
(Signature/date)

A copy of the relevant DRC/CRC/SRC minutes must be attached.

**INDIAN INSTITUTE OF TECHNOLOGY DELHI
CONTINUING EDUCATION PROGRAMME**



Performa for participant's details and programme fees

Date: _____

Name of the Programme: _____

Programme Coordinator(s): _____

Duration: _____ Course Code: _____

Sl. Nos.	Name of the Participant	Address with Contact Nos. & e-Mail	Affiliation from the Industry/Organization	Amount Paid by the Participants	DD Nos./ Transaction Nos.	Educational Qualification	Year of Experience

Signature of the Programme Coordinator(s)

- Note:** 1. The Participants fees will not be accepted in cash or personal cheque.
2. The Programme certificate will not be processed without duly filled Performa.

INDIAN INSTITUTE OF TECHNOLOGY DELHI CONTINUING EDUCATION PROGRAMME



FEEDBACK FROM PARTICIPANTS

Name of the Participant _____ Organization _____

Name of the Programme _____

Duration: _____

1. Objectives & Contents

	Excellent	Very Good	Good	Fair	Unsatisfactory
1.1 How well did the programme meet Your expectations?					
1.2 How well were the stated objectives of the course achieved?					
1.3 Was the depth of coverage adequate?					
1.4 Pace of the programme					
1.5 Overall usefulness of the course					

2. Coordinator/ Faculty

2.1 Presentation skills					
2.2 Response to participants					
2.3 Management of the course					

3. Suggestions for improving the course

4. Any other comments?

Indian Institute of Technology Delhi

(Name of the Department/Centre)



Continuing Education Programme

On

(Name of Programme)

This is to certify that _____,
(Name of the Candidate)

has attended the programme on _____,

under **Continuing Education Programme**, held from _____ to _____.

**Name of the Programme
Coordinator /Coordinators**

**Name of the
Head of Department
/Centre /School**

**Name of the
Coordinator CEP**