

प्राचार्य,
समस्त राजकीय महाविद्यालय राजस्थान/
कुलसचिव राज्य सरकार द्वारा वित्तपोषित विश्वविद्यालय/
कुलसचिव राज्य सरकार द्वारा वित्तपोषित तकनीकी विश्वविद्यालय/
कुलसचिव एमबीएम विश्वविद्यालय, जोधपुर/निदेशक, तकनीकी शिक्षा, जोधपुर
(TIE बजट घोषणा के अनुलग्नक 1 के अनुसार)

विषय :- TIE बजट घोषणा के लिए आवेदन आमंत्रित करने बाबत।
संदर्भ:- दिनांक 14-8-2023 को जारी TIE बजट घोषणा की गाईडलाईन्स

महोदय,

उपर्युक्त विषयान्तर्गत एवं संदर्भित **TIE (Teachers Interface for Excellence, FY 2023-24)** बजट घोषणा की गाईडलाईन्स के क्रम में निम्नानुसार संकाय सदस्यों से आवेदन आमंत्रित किये जाते हैं:-

Type of training	Application dates	Details	Google form link
Foreign Training Program	Start date: 25.08.23 Last date: 20.09.2023	For Foreign training program, applications will be received for the courses up-to November 2023 (as per clause 5.5.4 of scheme guidelines)	https://tinyurl.com/3zbfj8c7
National Training Program	Start date: 25.08.23 Last date: 15.09.2023	For training program being conducted till 31.03.2024 (as per clause 5.5.5 of scheme guidelines)	https://tinyurl.com/3h8hnsat

संकाय सदस्यों द्वारा आवेदन की प्रक्रिया निम्नानुसार होगी :-

- कॉलेज शिक्षा की वेबसाइट पर उपलब्ध आवेदन पत्र को भरकर प्राचार्य/रजिस्ट्रार से अनुमति प्राप्त की जायेगी।
- आवेदन पत्र में उल्लेखित अग्रेषित प्रारूप (प्राचार्य/रजिस्ट्रार से अनुमोदित करवाने के उपरान्त) को संकाय सदस्यों द्वारा, उपरोक्त तालिका में उल्लेखित गूगल फार्म के साथ संलग्न कर गूगल फार्म को पूर्णरूप से भरा जायेगा। संकाय सदस्यों द्वारा किसी भी प्रकार की हार्डकॉपी आयुक्तालय कॉलेज शिक्षा को नहीं भेजी जायेगी। उपरोक्त संदर्भ में आवश्यकतानुसार जानकारी के लिए दूरभाष 0141-2706550 पर कार्यालय समय में सम्पर्क किया जा सकता है।

संलग्न:- उपरोक्तानुसार।

प्रतिलिपि सूचनार्थ एवं आवश्यक कार्यवाही हेतु: -

- निजी सचिव, आयुक्त, आयुक्तालय कॉलेज शिक्षा, राजस्थान, जयपुर।
- डॉ. फिरोज अख्तर, संयुक्त सचिव, (ग्रुप-4) उच्च शिक्षा विभाग, शासन सचिवालय, जयपुर
- निजी सचिव, संयुक्त सचिव, तकनीकी शिक्षा, शासन सचिवालय, जयपुर।
- वेब प्रभारी, आयुक्तालय कॉलेज शिक्षा राजस्थान, जयपुर को ईमेल हेतु।

Signature Not Verified

संयुक्त शिक्षा (उच्च शिक्षा) विभाग (संयुक्त शिक्षा)
Digitally signed by Seema Kashyap
Designation : Associate Professor
Date: 2023.08.23 16:36:35 IST
Reason: Approved



Application Form for TIE (Foreign Trainings)

1. Name of the faculty:
2. Gender: Male/Female:
3. Date of Birth: DD/MM/YYYY:
4. Age on 01.07.2023 (in year:month:days):
5. Place of posting (Name of College/Name of University Department/Name of Office):
6. Date of joining as regular faculty (attach proof):
7. Designation (Principal/Professor/Associate Prof/Assistant Prof/Lecturer etc):
8. Institution in which faculty is employed and stream in which he/she wish to apply as per the eligibility criterion: (as mentioned in annexure 3, clause 5.2 of TIE guidelines):
9. Type of Institution, where faculty is employed (as per annexure 1 of TIE guidelines):
10. Email id of faculty:
11. Mobile Number of faculty:
12. Mode of training course: Offline/Online
13. Proof of registration/invitation (Attach copy):
14. Name of the inviting institution/university:
15. Duration of training (minimum two week and not exceeding six months) mentioning start and end date:
16. Expected Starting Date (from parent institution):
17. Expected Return Date (to parent institution):
18. Latest QS Ranking of the inviting institution/university (as per annexure 2 of TIE guidelines):
19. Nature of partial support (if any) being provided by the inviting institution/university:
Travel Fare/Accommodation/Registration Charges etc
20. Expenditure Details (Tentative):

International Phase (in INR)

- Registration Fees (including taxes):
- Visa Fee (including taxes):
- Insurance Fee (including taxes):
- Travel Fare (including taxes):
- Accommodation Charges (including taxes):
- Per diem charges for the training duration:

Declaration from the faculty:

- I am not receiving/claiming financial support for participation in training program to be organized at..... (Name of the inviting institution/university) under TIE program from any other agency/organization. I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the guidelines, the financial support sanctioned to me, may be cancelled and the entire amount will be refunded by me or recovered from me, apart from liability for such penal action as warranted by law

Signature

(Name of the faculty)

Forwarding from the Office of the Principal/Registrar (in case of university)/Head of Office (in case of Office)- **-To be uploaded along with google form by the faculty, once approved by Principal/Registrar/Head of Office**

..... (Name of the faculty) in (Stream) has applied for Foreign Training under TIE program. All details furnished by faculty have been checked and are found correct in light of TIE scheme guidelines. Application of..... (Name of the faculty) is forwarded for further necessary action at Commissionerate of College Education, Jaipur

Signature & Name of the IQAC Convener/Co-convener (in case of College)

Signature (with seal) & Name of the Principal (in case of College)

Signature (with seal) & Name Head of Department (in case of university)

Signature (with seal) & Name of Registrar (in case of University)

Signature (with seal) & Name of Head of Office (in case faculty is serving at higher/technical organization/office)

Place:

Date:

Application Form for TIE (National Trainings)

1. Name of the faculty:
2. Gender: Male/Female
3. Date of Birth: DD/MM/YYYY
4. Age on 01.07.2023 (in year:month:days):
5. Place of posting (Name of College/Name of University Department/Name of Office):
6. Date of joining as regular faculty (attach proof):
7. Institution in which faculty is employed and stream in which he/she wish to apply as per the eligibility criterion: (as per the bifurcation of type of institutions mentioned in annexure 6, clause 6.2 of TIE guidelines):
8. Type of Institution, where faculty is employed (as per annexure 1 of TIE guidelines):
9. Email & Mobile Number:
10. Proof of registration/invitation (Attach copy)
11. Duration of training (minimum one week and not exceeding eight weeks) mentioning start and end date:
12. Expected Starting Date (from parent institution):
13. Expected Return Date (to parent institution) :
14. Latest NIRF University/Research Institution Ranking of the inviting organization (as per annexure 4 OR 5 of TIE guidelines, as per the eligibility criterion) :
15. Nature of partial support (if any) being provided by the inviting organization: Travel Fare/Accommodation/Registration Charges etc
16. Expenditure Details (Tentative):

National Phase

- A. Registration Charges:
- B. Travel Fare:
- C. Accommodation Charges:
- D. Food Charges:
- E. Miscellaneous charges (Stationary/local travel etc)

Declaration from the faculty:

- I am not receiving/claiming financial support for participation in training program to be organized at..... (Name of the inviting institution/university) under TIE program from any other agency/organization. I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the guidelines, the financial support sanctioned to me, may be cancelled and the entire amount will be refunded by me or recovered from me, apart from liability for such penal action as warranted by law

Signature
(Name of the faculty)

Forwarding from the Office of the Principal/Registrar (in case of university)/Head of Office (in case of Office) **-To be uploaded along with google form by the faculty, once approved by Principal/Registrar/Head of Office**

..... (Name of the faculty) in (Stream) has applied for National Training under TIE program. All details furnished by faculty have been checked and are found correct in light of TIE scheme guidelines. Application of..... (Name of the faculty) is forwarded for further necessary action at Commissionerate of College Education, Jaipur

Signature & Name of the IQAC Convener/Co-convener (in case of College)
Signature (with seal) & Name of the Principal (in case of College)
Signature (with seal) & Name Head of Department (in case of university)
Signature (with seal) & Name of Registrar (in case of University)
Signature (with seal) & Name of Head of Office (in case faculty is serving at higher/technical organization/office)

Place:

Date: