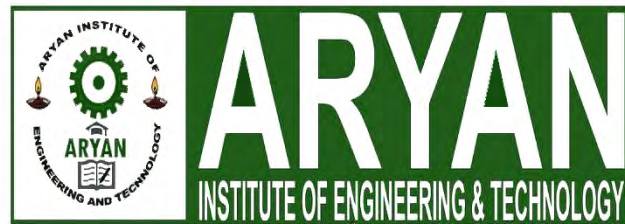

***Supporting Documents for Quantitative
Metric 6.3.2***



Submitted to NAAC

By

**ARYAN INSTITUTE OF ENGINEERING &
TECHNOLOGY, BHUBANESWAR**

6.3.2 Average percentage of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the last five years

Year	2016-17	2017-18	2018-19	2019-20	2020-21
Number	121	124	112	103	97

INDEX

Sl No.	Description	Page No.
1.	Documents showing Policy document on providing financial support to teachers	04-04
2.	Documents showing E-copy of letter/s indicating financial assistance to teachers and list of teachers receiving financial support year wise under each head.	05-561



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(Approved by AICTE, New Delhi, Affiliated to BPUT & SCTE & VT, Govt. of Odisha)

Arya Vihar, Barakuda, Panchagaon, Bhubaneswar- 752050, Ph.: 0674- 2595051

E-mail : aryan.edu123@gmail.com. Website : www.aryan.ac.in

Ref. No. AIET/ 970 /15

NOTICE

Date 18/06/2015

I am pleased to inform you that as per the minutes-4 of governing body meeting held on dated 17/06/2015 the reimbursement up to 10,000 rupees to the faculty members those are attending and presenting their research papers on National/International conference, seminar and workshop. The policy will be implemented from the academic year 2015-16. The detail procedure to avail this benefit is with HR section.

I hope this step taken towards the reimbursement policy will certainly help faculties to accelerate their research work.

Principal
AIET, BBSR

Principal
Aryan Institute of Engineering & Technology,
Arya Vihar, Barakuda, Panchagaon
Bhubaneswar-752050



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANUSAYA NANDA

Date of Conference/workshop/Seminar 22/2/2019

Name of Conference workshop on logistics and supply chain management Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature Anusaya Nanda Date 23/2/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Sahoo Date 23/2/2019

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5500/-

HR Approval Sasmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 23/2/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JAGIDISH PRADHAN
Date of Conference/workshop/Seminar 23/8/2016
Name of Conference National conference on CAD/CAM Integration Technology Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1000/-
Boarding expenses 2000/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Jagdish Pradhan Date 24/8/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyat Kumar Sahoo Date 24/8/2016

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00
HR Approval Samita Panda Date 24/8/2016



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SUDHANU SEKHAR KHUNTIA

Date of Conference/workshop/ Seminar 2.7.2016

Name of Conference Workshop on Machine Learning Solution for image processing application Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Sudhanu Sekhar Khuntia Date _____

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Mahapatra Date 03.07.2016

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Date of Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Samita Parida Date 03/07/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRASANTA KUMAR SAHOO

Date of Conference/workshop/ Seminar 8.9.2017

Name of Conference National conference on 'Green energy and Technology' Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Prasanta Kumar Sahoo Date 09.09.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyuman Sahoo Date 09.09.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Chandra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Sudhansu Sekhar Chandra Date 09/09/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name IPSITA SAMAL

Date of Conference/workshop/ Seminar 12.9.2017

Name of Conference Workshop on computing and communication Location NIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3500/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source AID amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature IPSITA SAMAL Date 13.9.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Chandra Sahoo Date 13.09.2017

I recommended: Yes/No

Principal Signature Sudhansu Lekhan Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatec Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Satmita Parida Date 13/9/2017

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MADHULITA MOHAPATRA
Date of Conference/workshop/Seminar 30/1/2017
Name of Conference National Conference on Robotic and Smart Manufacturing Location CEG, BBLR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1500/-
Boarding expenses 1000/-
Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500

Employee Signature Madhulita Mohapatra Date 30/1/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Chakrapati Date 31/1/2017

I recommended: Yes/No

Principal Signature Sachin Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval Sachin Kumar Mishra Date 31/1/2017

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Jyotirmaya Samal

Date of Conference/workshop/ Seminar 13.07.16

Name of Conference International Conference on Computing and communication Technologies Location CEC, BBSR.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 6000/-

Employee Signature Jyotirmaya Samal Date 14.07.16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Mishra Date 14.07.16

I recommended: Yes/No

Principal Signature Gadharu Debasu Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00/-

HR Approval Saimita Parida Date 14.07.16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name A Manisha

Date of Conference/workshop/ Seminar 21.02.17

Name of Conference National conference on "Advanced energy materials and Research" Location DRIEMS, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 6000/-

Employee Signature A. Manisha Date 22.02.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 22.02.17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Bhunia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00/-

HR Approval Saemita Parida Date 22.02.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Shahenaz Parween

Date of Conference/workshop/ Seminar 19.9.2016

Name of Conference international conference on smart technology Location MIET . BBSR

Expenses Submitted for Reimbursement

Registration Fees 2.500

Travel Expenses 2.500

Boarding expenses 2.000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7.000

Employee Signature Shahenaz Parween Date 20.9.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date _____

I recommended: Yes/No

Principal Signature Sandhanee Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7.000 Amount Un-reimbursed 00
HR Approval _____ Date _____



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Ankita Panda
 Date of Conference/workshop/ Seminar 13.10.2016
 Name of Conference Workshop on FPGA based system design Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2.000
 Travel Expenses 3.000
 Boarding expenses 1.500
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00

Total expense submitted for reimbursement 5.500

Employee Signature Ankita Panda Date 14.10.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 14/10/2016

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No
 Amount Reimbursed 5.500 Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Saimita Panda Date 14/10/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bhagaban Sree Ramakrishna,

Date of Conference/workshop/ Seminar 03.08.16

Name of Conference International conference on "signal processing and electronics Engineering" Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 5000/-

Employee Signature Bhagaban Sree Ramakrishna Date 04.08.16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 04.08.16

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 5000/-

Amount Un-reimbursed 00/-

HR Approval Saimita Parida

Date 04.08.16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRIYA CHANDAN SATABATHY

Date of Conference/workshop/ Seminar 11/05/2016

Name of Conference National conference on multimedia signal processing and communication technologies Location GIET BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Priya Chandan Satabathy Date 12/5/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 12/5/2016

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No

Amount Reimbursed 7000

HR Approval Samanta Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 12/5/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BISWAJIT MISHRA
Date of Conference/workshop/ Seminar 03/11/2016
Name of Conference Workshop on circuit & system design Location GEC, BBSR
Challenges of IoT

Expenses Submitted for Reimbursement

Registration Fees 4000
Travel Expenses 2000
Boarding expenses 1000
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00
Total expense submitted for reimbursement 7000/-
Employee Signature Biswajit Mishra Date 04/11/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 04/11/2016

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000 Amount Un-reimbursed 00
HR Approval Saumita Parida Date 04/11/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SWAGATIKA PANDA

Date of Conference/workshop/Seminar 26/05/2016

Name of Conference Workshop on Bluetooth an enable for personal area networking Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Dr. Swagatika Panda Date 27/05/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 27/05/2016

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500 Amount Un-reimbursed 00

HR Approval Sarmita Panda Date 27/05/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANJAY KUMAR SARANGI

Date of Conference/workshop/ Seminar 07/03/2017

Name of Conference National seminar on multi-protocol level search? Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 3500

Boarding expenses 2500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. sanjay kumar sarangi Date 02/03/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 02/3/2017

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 02/03/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SUDHANSHU SEKHAR KHUNTIA
 Date of Conference/workshop/Seminar 02/07/2016
 Name of Conference Workshop on machine learning solutions for image processing applications. Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000
 Travel Expenses 2000
 Boarding expenses 500
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Sudhanshu Sekhar Khuntia Date 03/07/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 03/07/2016

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
 Amount Reimbursed 5500 Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval [Signature] Date 03/07/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANGITA PAL
Date of Conference/workshop/Seminar 9/02/2017
Name of Conference NATIONAL WORKSHOP ON FPGA based system design Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000
Travel Expenses 1500
Boarding expenses 1500
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Dr Sangita Pal Date 10/2/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasenjit Kumar Date 10/2/2017

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Kuanrta

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000 Amount Un-reimbursed 00
HR Approval Saimona Parida Date 10/2/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRAVAT KUMAR SUBUDHI

Date of Conference/workshop/Seminar 13/07/2016

Name of Conference National seminar on recent trends in biomedical signal processing & VLSI design Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. Pravat K. Subudhi Date 14/07/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 14/07/2016

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 7000

Amount Un-reimbursed 00

HR Approval Saemita Parida

Date 14/07/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Raghupatruni Bhima Rao

Date of Conference/workshop/ Seminar 5.08.2016

Name of Conference one day international conference on synthesis of Al and silicon carbide Nano composite material Location GIFT, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain)=

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source AID amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. Raghupatruni Bhima Rao Date 6.08.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupatruni Bhima Rao Date 6/8/16

I recommended: Yes/No

Principal Signature Sudhandu Sekhon Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Datatel Requisition

Amount Reimbursed 7000/-

Amount Un-reimbursed 00

HR Approval Sasmata Parida

Date 6/8/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ATUL KUMAR MALLIK

Date of Conference/workshop/Seminar 8/8/2016

Name of Conference one day National conference on Role of Robots and its Automation to military. Location NMJET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 2500/-

Boarding expenses 2500/-

Other (Please explain)=

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 10000/-

Employee Signature Atul Kumar Mallik Date 9/8/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhapatuni Bhima Rao Date

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 9000/-

HR Approval Samita Parida

Dated/ Requisition

Amount Un-reimbursed 3000/-

Date 9/8/16



ARYAN INSTITUTE OF ENGINEERING & TECHNOLOGY

Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMITA SAHOO

Date of Conference/workshop/ Seminar 7.9.2016 - 8.09.2016

Name of Conference Two days international conference on important nano fluid to the engineering field. Location GIET, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Smita Sahoo Date 9/9/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajeshwari Khina Rao Date 9/9/16

I recommended: Yes/No

Principal Signature S. Chandu Sekhan Khaita

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 1000/-

HR Approval Samita Parida Date 9/9/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SAGARIKA PASAYAT

Date of Conference/workshop/ Seminar 10/9/16

Name of Conference National Conference on Limit State Design of steel structures Location ~~NET~~ BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Sagarika Pasayat Date 11/9/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajeshwari Mishra Date 11/9/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghentia

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Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 6000/-

Amount Un-reimbursed 0/-

HR Approval Sarrita Parida

Date 11/9/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Sourav Debasish

Date of Conference/workshop/ Seminar 14-10-2016 to 15-10-2016

Name of Conference Two day workshop on Condition Assessment & Rehabilitation on Structures Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7500/-

Employee Signature Sourav Debasish Date 16/10/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumari Bhim Rao Date _____

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00
HR Approval Somita Parida Date 16/10/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. HARISH CHAND GIRI

Date of Conference/workshop/Seminar 14/11/16 - 15/11/16

Name of Conference Two day national workshop on Smart Building Materials & Technology Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7500/-

Employee Signature Harish Chand Giri Date 16/11/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajmangal Prasad Bhojara Date 16/11/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed _____

HR Approval Saimita Parida Date 16/11/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Akashprava Panda

Date of Conference/workshop/ Seminar 20/1/17

Name of Conference National conference on sustainable water & Environmental Management Location DRIFMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 2500/-

Travel Expenses 1500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 4500/-

Employee Signature Akashprava Panda Date 21/1/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Padmapatruni Bhimakoo Date 21/1/17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 4000/- Amount Un-reimbursed _____

HR Approval Sarmita Parida Date 21/1/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NILGRI B MOHANTY

Date of Conference/workshop/ Seminar 18.3.17

Name of Conference Recent Trends in Structural Engineering Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3500/-

Travel Expenses 1500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 5000/-

Employee Signature Nilgri B Mohanty Date 19/3/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajmupatruni Bhina Rao Date 19/3/17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5000/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 000

Date 19/3/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Shradhananda Ghadei

Date of Conference/workshop/ Seminar 12/8/16

Name of Conference Workshop on Solid Waste Management System Location AET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 7000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Shradhananda Ghadei Date 13/8/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pragya Pradipini Bhims Rao Date 13/8/16

I recommended: Yes/No

Principal Signature Sudhakar Debaraj Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000/-

HR Approval Caemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AMLAN PATTNAYAK

Date of Conference/workshop/ Seminar 7.11.2016

Name of Conference National Seminar on Advanced Civil Construction & Enng. Conference Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 8000/-

Travel Expenses 2000/-

Boarding expenses 3000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 10,000/-

Employee Signature Amlan Pattnayak Date 8/11/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumari Bhimaleo Date 8/11/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000/-

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 3000/-

Date 8/11/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name STHITIPRAJANYA SATPATHY

Date of Conference/workshop/ Seminar 3.1.17

Name of Conference National Seminar on Building Planning & Basic Requirement Conference Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5500/-

Travel Expenses 1000/-

Boarding expenses 50/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Sthitiprajanya Satpathy Date 4/1/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyaparni Bhatnagar Date 4/1/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Saimona Parida Date 4/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MURARI PRASAD PANDA

Date of Conference/workshop/ Seminar 17/1/17

Name of Conference Workshop on Application of Nano Technology & Civil Infrastructure Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) = 500/-

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Murari Prasad Panda Date 18/1/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyapatauni Bhim Rao Date 18/1/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 7000/-

HR Approval Sarita Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 18/1/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUBRAT KUMAR PANDA

Date of Conference/workshop/ Seminar 18/2/17

Name of Conference International conference on Industrial Management Technology & Engg. Location CEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 10000/-

Travel Expenses 3000/-

Boarding expenses 3000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 10000/-

Employee Signature Subrat Kumar Panda Date 19/2/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prof. Jayaraman Ghinea Date 19/2/17

I recommended: Yes/No

Principal Signature Indraneel Kumar Ghinea

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 7000/-

Amount Un-reimbursed 3000/-

HR Approval Seemita Parida

Date 19/2/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUCHISMITA SATPATHY

Date of Conference/workshop/ Seminar 15/2/17

Name of Conference National Conference on Coastal Engg, Technology & Management Location _____

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 3000/-

Boarding expenses 3000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Suchismita Satpathy Date 16/2/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyashree Ghimaraoo Date 16/2/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 7000

HR Approval Smita Parida

Datatel Requisition _____

Amount Un-reimbursed 3000/-

Date 16/2/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAKESH KUMAR SADANGI

Date of Conference/workshop/ Seminar 8/2/17

Name of Conference National conference on Polymer Composites in Bridge Rehabilitation Location GFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Rakesh Kumar Sadangi Date 9/2/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajshyamini Bhimarao Date 9/2/17

I recommended: Yes/No

Principal Signature Sandhanee Sekhar Kauntea

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000/- Amount Un-reimbursed _____
HR Approval Geemita Parida Date 9/2/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name FLORA DAS

Date of Conference/workshop/ Seminar 9/2/17

Name of Conference National Conference on Automated Highways Systems Location GJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Flora Das Date 10/2/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Dechyadwari Bhimarao Date 10/2/17

I recommended: Yes/No

Principal Signature Sudhakar Senhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 7000/-

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 10/2/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAM NARAYAN MISHRA

Date of Conference/workshop/ Seminar 10/2/17

Name of Conference National Conference on Bridge Bearings & Stability Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 7500/-

Employee Signature Ram Narayan Mishra Date 11/2/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajmupatneri Bhimabeno Date 11/2/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghantia

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Reimbursement Approved? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Datatel Requisition _____
Amount Reimbursed <u>7000/-</u>	Amount Un-reimbursed <u>00</u>
HR Approval <u>Sarmila Parida</u>	Date <u>11/2/2017</u>



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SAMPAD KUMAR PRADHAN

Date of Conference/workshop/ Seminar 15/2/17

Name of Conference National Conference on Bridge Strengthening Advanced Composite System Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 50

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 4500/-

Employee Signature Sampad Kumar Pradhan date 16/2/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumar Bhimara Date _____

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Ghuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 4000/-

HR Approval Sasmita Parida

Datatel Requisition _____

Amount Un-reimbursed 50

Date 16/2/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sukumar Joshi

Date of Conference/workshop/ Seminar 2.03.17

Name of Conference National Conference on "Geo-textile in Transportation Applications" Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 7000/-

Employee Signature Sukumar Joshi Date 3.03.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyaprasanna Mishra Date 3.03.17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghanta

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00/-
HR Approval Samita Parida Date 3.03.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Nilambarci Panda

Date of Conference/workshop/ Seminar 1.03.17

Name of Conference National conference on Geographical information system and Remote sensing Location DRIEMS, CUTTACK.

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 3000/-

Boarding expenses 3000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 10000/-

Employee Signature Nilambarci Panda Date 2.03.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Bhunia Date 2.03.17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 3000/-
HR Approval Savitri Parida Date 2.03.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Smita Das

Date of Conference/workshop/ Seminar 28.02.17

Name of Conference National Conference on "Flexible pavement" Location GITA, BBSR.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 7000/-

Employee Signature Smita Das Date 1.03.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumar Prasad Mishra Date 1.03.17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00/-

HR Approval Saimita Parida Date 1.03.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Prangya Swain

Date of Conference/workshop/ Seminar 25.02.17

Name of Conference National Conference on "Exploring BRIS For accident reduction : case study" Location EATM, BBSR.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature prangya swain Date 26.02.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghu padaruni Bimaloo Date 26.02.17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500/- Amount Un-reimbursed 00/-
HR Approval Saemita Panda Date 26.2.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Subhendu Sekhar Sahoo

Date of Conference/workshop/ Seminar 23.02.17

Name of Conference National Conference on "Highway Alignment optimization Incorporation Bridges and Tunnels" Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Subhendu Sekhar Sahoo Date 24.02.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyapatruni Bhatnagar Date 24.02.17

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khentda

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000/- Amount Un-reimbursed 00/-
HR Approval Saimita Parida Date 24.02.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Puspalata pradhan

Date of Conference/workshop/ Seminar 7.03.17

Name of Conference National Conference on "Highway failure and their maintenance" Location GITAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 3000/-

Boarding expenses 3000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 10000/-

Employee Signature Puspalata pradhan Date 8.03.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyestruni Mishra Date 8.03.17

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 3000/-
HR Approval Saloni Parida Date 8.03.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NEHA SEN

Date of Conference/workshop/ Seminar 16/02/2017

Name of Conference National conference on coal Payments Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Neha Sen Date 17/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajharpadevi Blimatao Date _____

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Samita Parida Date _____



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Arawinda mahapatra

Date of Conference/workshop/ Seminar 15.3.2017

Name of Conference National seminar on 'Advanced composite materials' Location SIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Arawinda mahapatra Date 16.3.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Papuresadani Bhimakes Date 16/3/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Chentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 7000

HR Approval Sasmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 16/3/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sangram Keshari Khandai

Date of Conference/workshop/ Seminar 15-02-2017

Name of Conference National Conference on Cell billed payments Location CEB, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature Sangram Keshari Khandai Date 16-02-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Radhya Prasenji Bheemarao Date 16/2/2017

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Dated Requisition _____

Amount Reimbursed 5000/-

Amount Un-reimbursed 00

HR Approval Saimita Parida

Date 16/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Pradyambada Sathya
Date of Conference/workshop/ Seminar 21-02-2017
Name of Conference National conference on Development of Robotic Bridge Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Pradyambada Sathya Date 22/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Dehupatrenishimtao Date 22/02/17

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

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Reimbursement Approved? Yes No _____
Amount Reimbursed 7000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Salmiza Parida Date 22/02/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Suneta priyadarshini
Date of Conference/workshop/ Seminar 8.03.17
Name of Conference National conference on "High-speed Track" Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature _____ Date 9.03.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Reghu prasadini bhimsa Date 9.03.17

I recommended: Yes/No

Principal Signature Sudhakar Sarker

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500/- Amount Un-reimbursed 00/-
HR Approval Saimita Parida Date 9.03.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BIDYUTA RANUAN ROUT

Date of Conference/workshop/Seminar 22.8.2016

Name of Conference National Conference on Artificial Intelligence and Expert Systems Location CRC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Bidyuta ranuan rout Date 23/8/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumar Mishra Date 23/8/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____

Datatel Requisition _____

Amount Reimbursed _____

Amount Un-reimbursed 00

HR Approval Sarmita Parida

Date 23/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Abhilash Pradhan

Date of Conference/workshop/Seminar 17/02/2017

Name of Conference National conference on Design Consistency For Road Safety Location MIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 2000

Boarding expenses 3000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 10,000

Employee Signature Abhilash Pradhan Date 18-02-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupradani Bhimara Date 18/2/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhara Khentia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 10,000 Amount Un-reimbursed 00

HR Approval Sarmita Parida Date 18/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. Subhendu Sekhar Sahoo

Date of Conference/workshop/ Seminar 08.7.2016

Name of Conference national conference on LSSOR cutting system Location GIFT ODSR

Expenses Submitted for Reimbursement

Registration Fees 2,000

Travel Expenses 1,000

Boarding expenses 2,000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6,000

Employee Signature MR. Subhendu Sekhar Sahoo Date 09.07.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 9/7/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghantia

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Reimbursement Approved? Yes No

Amount Reimbursed 6,000

HR Approval [Signature]

Datatel Requisition _____

Amount Un-reimbursed 00

Date 9/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBENDRA KUMAR SAHOO

Date of Conference/workshop/ Seminar 7/7/2016

Name of Conference International Conference on an important and rising to the engineering field. Location GEC, BIR

Expenses Submitted for Reimbursement

Registration Fees 6000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount ND

Total expense submitted for reimbursement 6000/-

Employee Signature Deendra K. Sahoo Date 8/7/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 8.7.2016

I recommended: Yes/No

Principal Signature Sudhanu Kumar

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6000 Amount Un-reimbursed 00

HR Approval Sudhanu Panda Date 8/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Subhasish Mohanty

Date of Conference/workshop/ Seminar 8.7.2016

Name of Conference National Conference on "LESOR CUTTING SYSTEM" Location GIET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Subhasish Mohanty Date 9.7.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 9/7/2016

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 9/9/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Ajit Kumar Panda

Date of Conference/workshop/Seminar 13.09.2017

Name of Conference one day international conference on "ADVANCE FLUID TRANSPORT MACHINERY" Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source AO amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Ajit Kumar Panda Date 14.09.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 14/2/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Date of Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Sasmita Panda Date 14/2/2017

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBASHISH MISHRA

Date of Conference/workshop/ Seminar 15/3/17

Name of Conference National Seminar on "Advanced Composite Materials" Location SIT, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Debashish Mishra Date 16/3/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 16/3/17

I recommended: Yes/No

Principal Signature Sudhansu Kumar Mishra

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00/-

HR Approval Saimita Parida Date 16/3/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR MAHAPATRO

Date of Conference/workshop/Seminar 13.11.2018

Name of Conference International Conference on semi active suspension system Location C.VRAMN, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Sunil Kumar Mahapatro Date 13/11/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Patra Date 13/11/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Choudhary

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Reimbursement Approved? Yes No _____ Date of Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Sarita Patra Date 13/11/2018

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Avanta Priyadarshinee
Date of Conference/workshop/ Seminar 27.08.2017
Name of Conference WORKSHOP ON "APPLICATION AND USES OF NANO COMPOSITE MATERIALS" Location Oriens

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1500/-
Boarding expenses 1500/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Avanta Priyadarshinee Date 21.8.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 21/8/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Sannita Parida Date 21/8/2017

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Mr. somnath mishra

Date of Conference/workshop/ Seminar 16.07.16

Name of Conference National conference on "Necessity of intelligent variable valve timing" Location KEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 5000/-

Employee Signature Mr. somnath mishra Date 17.07.16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panj Date 17.07.16

I recommended: Yes/No

Principal Signature Sandhanee Sekhar Ghentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 00/-

HR Approval Saimita parida Date 17.07.16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name IPSITA PAHI

Date of Conference/workshop/ Seminar 11.08.2016

Name of Conference International Conference on 'OPTICAL SATELLITE COMMUNICATION' Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature IPSITA PAHI Date 12.08.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date _____

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Mohanta

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Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Sumita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 12/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Kumar dasarathi dalei

Date of Conference/workshop/ Seminar 26.04.2016

Name of Conference National Conference on "HVDC Technology and Short circuit contribution of HVDC Light" Location OIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6000

Employee Signature Kumar dasarathi dalei Date 27.04.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 27/04/2016

I recommended: Yes/No

Principal Signature Sudhansu Sechar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Sarada Parida

Datatel Requisition 00

Amount Un-reimbursed 00

Date 27/4/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sunil Kumar triPathy

Date of Conference/workshop/ Seminar 13.02.2017

Name of Conference one day international conference on "Advanced Fluid transport machinery" Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature Sunil Kumar triPathy Date 14/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 14.02.2017

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Kheentela

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Reimbursement Approved? Yes [checked] No
Amount Reimbursed 5500
HR Approval Saimita Parida Date 14/02/2017
Datatel Requisition
Amount Un-reimbursed 00



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sanjeev Kumar Mishra

Date of Conference/workshop/ Seminar 17.8.2016

Name of Conference Workshop on "Application on uses of nano composite materials" Location DRIMS CUTTACK

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0000

Total expense submitted for reimbursement 7000

Employee Signature Sanjeev Kumar Mishra Date 18.8.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 18/8/2016

I recommended: Yes/No

Principal Signature Sambhendu Sekhar Khuntia

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Reimbursement Approved? Yes No

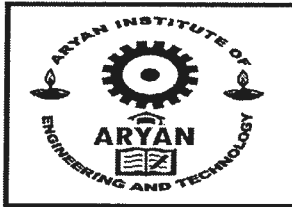
Amount Reimbursed 7000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 18/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Archana Mandal

Date of Conference/workshop/ Seminar 03.05.16

Name of Conference National conference on "icing of power Transmission Lines" Location KEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 5000/-

Employee Signature Archana mandal Date 04.05.16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

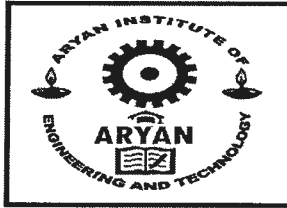
HOD Signature Ajit Kumar Panda Date 04.05.16

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5000/- Amount Un-reimbursed 00/-
HR Approval Saimita Parida Date 04.05.16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Baidyanath Mohanty

Date of Conference/workshop/ Seminar 13.06.16

Name of Conference International Conference on "semi active suspension system" Location CV RAMAN, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2500/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature Baidyanath mohanty Date 14.06.16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 14.06.16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghanta

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6500/-

HR Approval Salmi ta parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 14.06.16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Mr. Prakash chandra sahu.

Date of Conference/workshop/ Seminar 07.07.2016

Name of Conference international conference on important nano FLUID TO THE Engineering. Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2.000

Travel Expenses 1.000

Boarding expenses 1.500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5.500

Employee Signature Mr. Prakash chandra sahu Date 08.07.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 8/7/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Kheentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5.500 Amount Un-reimbursed 00

HR Approval Saemeta Parida Date 8/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Himansu Sekhar maharana
 Date of Conference/workshop/ Seminar 17.01.2017
 Name of Conference workshop on youth conference Location GIFT. BBSR
on Energy

Expenses Submitted for Reimbursement

Registration Fees 3.000
 Travel Expenses 2.000
 Boarding expenses 2.000
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00
 Total expense submitted for reimbursement 7.000

Employee Signature Himansu Sekhar maharana Date 18.01.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Kumar Date 18/01/2017

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 7.000 Amount Un-reimbursed 00
 HR Approval Saimita Parida Date 18/01/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sanam Devi

Date of Conference/workshop/ Seminar 10.01.2017

Name of Conference Workshop on Mediterranean Electrical Engineering Location EATM - BBSR

Expenses Submitted for Reimbursement

Registration Fees 2.000

Travel Expenses 2.000

Boarding expenses 1.500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5.500

Employee Signature Sanam Devi Date 11.01.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 11/01/2017

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5.500 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 11/01/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Srinivas

Date of Conference/workshop/ Seminar 13.03.2017

Name of Conference National conference on mediterranean Electro technical Location AIFT - BBSR

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 1000

Boarding expenses 500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 50

Total expense submitted for reimbursement 7000

Employee Signature Dr. Srinivas Date 14.03.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panigrahy Date 14/03/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000

HR Approval Saumita Parida

Datatel Requisition _____

Amount Un-reimbursed 50

Date 14/03/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Nabnit Panigrahi

Date of Conference/workshop/ Seminar 9.02.2017

Name of Conference Nation conference on symposium on Applied Electromagnetics and mechanics. Location CEG, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3,000

Travel Expenses 2,500

Boarding expenses 1,500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6,500

Employee Signature Dr. Nabnit Panigrahi Date 10.02.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10/2/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6,500 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 10/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Ajaya Kumar Swain

Date of Conference/workshop/ Seminar 12.1.2017

Name of Conference Two days workshop on Power Electronics Location 91 FT. BBSR

Expenses Submitted for Reimbursement

Registration Fees 4.000

Travel Expenses 2.000

Boarding expenses 1.000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7.000

Employee Signature Dr. Ajaya Kumar Swain Date 13.1.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 13/1/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 7.000 Amount Un-reimbursed 00

HR Approval Salmata Parida Date 13/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Abani kumar moduli

Date of Conference/workshop/ Seminar 3.5.2016

Name of Conference national conference on 'icing of Power Transmission lines' Location KEC BBSR

Expenses Submitted for Reimbursement

Registration Fees 2,000

Travel Expenses 2,000

Boarding expenses 1,000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5,000

Employee Signature Abani kumar moduli Date 4.5.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 4/5/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 5,000 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 4/5/2016



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sasmita Paridi

Date of Conference/workshop/ Seminar 26.4.2016

Name of Conference National conference on HVDC Technology and short circuit contribution Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3.000

Travel Expenses 2.000

Boarding expenses 2.000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6.000

Employee Signature Sasmita Paridi Date 27.4.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 27/4/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Kheentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6.000 Amount Un-reimbursed 00
HR Approval Sasmita Paridi Date 27/4/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Silla Rajuopal

Date of Conference/workshop/ Seminar 11-8-2016

Name of Conference international conference on optical satellite communication Location GEC - BBSR

Expenses Submitted for Reimbursement

Registration Fees 2.000

Travel Expenses 0.000

Boarding expenses 1.500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5.500

Employee Signature Dr. Silla Rajuopal Date 12.8.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Apit Kumar Panigrahy Date 12/8/2016

I recommended: Yes/No

Principal Signature Sandhansu Sekhara Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 12/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dillip Kumar Nayak

Date of Conference/workshop/ Seminar 16.7.2016

Name of Conference National conference on NECESSITY of INTELLIGENT VARIABLE VALVE TIMING Location REC - BBSR

Expenses Submitted for Reimbursement

Registration Fees 0.000

Travel Expenses 0.000

Boarding expenses 1.000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5.000

Employee Signature Dillip Kumar Nayak Date 17.7.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 17/7/2016

I recommended: Yes/No

Principal Signature Sudhansu Sankar Behera

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5.000

HR Approval _____

Datatel Requisition _____

Amount Un-reimbursed 00

Date 17/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Khageswar Jena
Date of Conference/workshop/ Seminar 25.8.2016
Name of Conference National conference on Electrical and Electronics Engineering Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2500
Travel Expenses 2000
Boarding expenses 2000
Other (Please explain) = 6500

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00

Total expense submitted for reimbursement 6500

Employee Signature Khageswar Jena Date 28-8-2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 26/8/2016

I recommended: Yes/No

Principal Signature Sudhansu Sechar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 26/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Krushna Keshab Barcal

Date of Conference/workshop/ Seminar 11.01.17

Name of Conference Two day workshop on "power Electronics" Location GIFT, BBSR.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 000/-

Total expense submitted for reimbursement 7000/-

Employee Signature Krushna Keshab Barcal Date 12.01.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 12.01.17

I recommended: Yes/No

Principal Signature Sadhana Devi Sahoo

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 000/-

HR Approval Saronita Parida Date 12.01.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Baidyanath Mohapatra

Date of Conference/workshop/ Seminar 13.6.2016

Name of Conference International Conference on "semi active suspension system" Location CV Raman, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 2000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Baidyanath Mohapatra Date 14.6.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panigrahi Date 14/6/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6500

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 14/6/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sasmita Parida

Date of Conference/workshop/ Seminar 26-4-2016

Name of Conference National conference on "HVDC Technology and short circuit contribution" Location GIFT-BBSR

Expenses Submitted for Reimbursement

Registration Fees 3,000

Travel Expenses 1,000

Boarding expenses 2,000

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6,000

Employee Signature Sasmita Parida Date 27-4-2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Apjit Kumar Bhandari Date 27/4/2016

I recommended: Yes/No

Principal Signature Sudhaneu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6,000 Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 27/4/2016



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. AMIYA KUMAR SAHOO
Date of Conference/Workshop/Seminar 5.7.2016
Name of Conference ONE DAY CONFERENCE ON SOFTWARE ENGINEERING Location NMIET, BHUBANESWAR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 1000/-
Boarding expenses 1500/-
Other (Please explain)= 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Amiya Kumar Sahoo Date 6.7.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

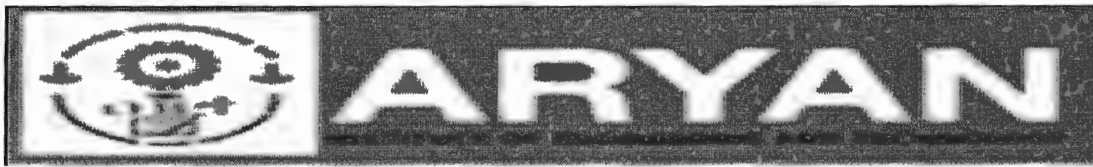
HOD Signature Praveen Rout Date 6/7/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500/- Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 6/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bushree Sangita Jena
Date of Conference/workshop/ Seminar 6.08.2016
Name of Conference workshop on "Work on Internet
ANE" Location GIET, Bhubaneswar.

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1000/-
Boarding expenses 1000/-
Other (Please explain)= 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Bushree Sangita Jena Date 7.08.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

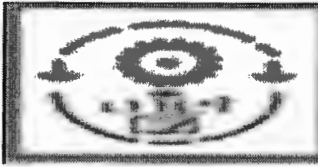
HOD Signature Praveen Koley Date 7/8/16

I recommended: Yes/No

Principal Signature Srikanta Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000/- Amount Un-reimbursed 00
HR Approval Satmata Panda Date 7/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAKASH DEHURY

Date of Conference/workshop/Seminar 7.9.2016

Name of Conference International conference on
RCA CONFERENCE Location CEC, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 500/-

Other (Please explain)= 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Prakash Dehury Date 8.9.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prakash Dehury Date 8/9/16

I recommended: Yes/No

Principal Signature Sudhanta Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

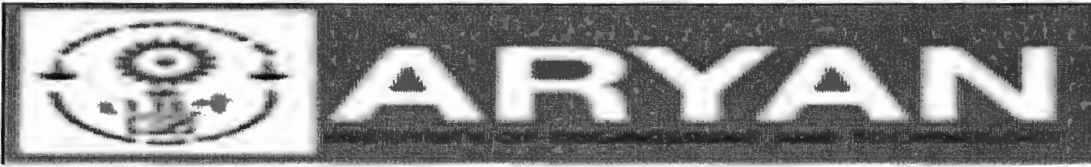
Datatel Requisition _____

Amount Reimbursed 5500/-

Amount Un-reimbursed 00

HR Approval Saimita Parada

Date 21/9/2016



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Pravat kumar Rautray
Date of Conference/workshop/Seminar 9.4.2017
Name of Conference International conference on world wide web conference Location EATM, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1000/-
Boarding expenses 2000/-
Other (Please explain)= 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Pravat Kumar Rautray Date 10.4.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravod Kesh Date 10.4.17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00
HR Approval Saumita Panda Date 10/11/2017



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NILAMANI SAMAL
 Date of Conference/workshop/Seminar 16.3.2017 - 17.3.2017
 Name of Conference TWO DAYS ON INTERNATIONAL CRYPTOLOGY CONFERENCE Location GIET, BHUBANESWAR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 1000/-
 Boarding expenses 1500/-
 Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 5500

Employee Signature Nilamani Samal Date 18.3.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Prusty Date 21/3/17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____
 Amount Reimbursed 5500/- Amount Un-reimbursed 00
 HR Approval Saumita Parida Date 18/3/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name TAPAS RANJAN BAITHARU

Date of Conference/workshop/ Seminar 21/02/2017

Name of Conference Series workshop on An ensemble of automatic time series also with its big forecasting Resource usage clouds Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 1000

Boarding expenses 4000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Tapas Ranjan Baittharu Date 22/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravet Purohit Date 22/2/2017

I recommended: Yes/No

Principal Signature Sudhaneu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Datatel Requisition _____

Amount Reimbursed 7000

Amount Un-reimbursed 00

HR Approval Saimita Parida

Date 22/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KISANI PRAYAG PATRO

Date of Conference/workshop/ Seminar 14/02/2017

Name of Conference workshop on design and development of generic web based frame work by log analysis Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 300

Boarding expenses 200

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Kisan Prayag Patro Date 15/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pranab Prusty Date 15/2/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 5500

Amount Un-reimbursed 00

HR Approval Somita Parida

Date 15/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. AMIT KUMAR JANA
Date of Conference/workshop/Seminar 28/02/2017
Name of Conference International conference on Deep Learning to detect Asphyxia in Neonates Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000
Travel Expenses 3000
Boarding expenses 3000
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Dr. Amit Kumar Jana Date 29/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Rout Date 29/02/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition 00
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 29/02/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAJESH SATAPATHY

Date of Conference/Workshop/Seminar 23/01/2017

Name of Conference National seminar of wireless communication signal processing and networking Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature Rajesh satapathy Date 24/01/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pranab Poudyal Date 24/01/2017

I recommended: Yes/No

Principal Signature Sudhakar Sankar Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 5000 Amount Un-reimbursed 00

HR Approval Saimita Panda Date 24/01/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JHALAKA HOTA

Date of Conference/workshop/Seminar 09/02/2017

Name of Conference NATIONAL CONFERENCE ON DESIGN OF ARCHITECTURE
key monitoring virtual machine parameters Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Jhalaka Hota Date 10/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pranab Pasari Date 10/2/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khattar

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

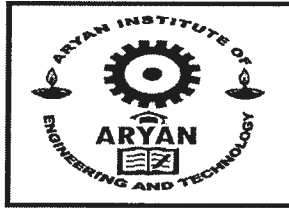
Datatel Requisition _____

Amount Reimbursed 6000

Amount Un-reimbursed 00

HR Approval Saimita Parida

Date 10/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Aparcimitā Swain

Date of Conference/workshop/ Seminar 11.01.17

Name of Conference Two days workshop on 'Adaptive and variable Balzloff Algorithm' Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 7000/-

Employee Signature Aparcimitā Swain Date 12.01.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

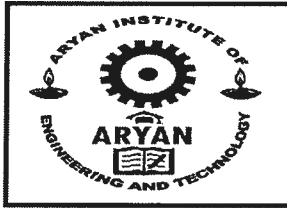
HOD Signature Praveet Puroshy Date 12.01.17

I recommended: Yes/No

Principal Signature Sudhaneu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00/-
HR Approval Salmata Parida Date 12.01.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name pravat mallick

Date of Conference/workshop/ Seminar 24.01.17

Name of Conference International conference on Conference on Innovative Data system Research^M Location AJET, BBSR.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature pravat mallick Date 25.01.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravrat Prashy Date 25.01.17

I recommended: Yes/No

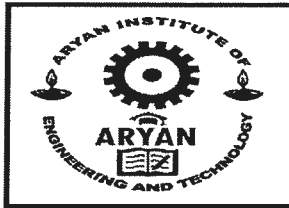
Principal Signature Sudhansu Chandra Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00/-

HR Approval Salmita Parida Date 25.01.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bhavesh Kumar Dadhichi

Date of Conference/workshop/ Seminar 06.03.17

Name of Conference National conference on "European conference on information system" Location MIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature Bhavesh Kumar Dadhichi Date 07.03.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Pasari Date 07.03.17

I recommended: Yes/No

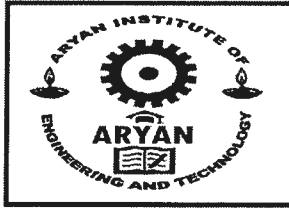
Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00/-

HR Approval Saemita Parida Date 07.03.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Sanjay Kumar Padhi

Date of Conference/workshop/ Seminar 03.03.17

Name of Conference National Seminar on "European conference on information system" Location EATM, BBSR.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source N/O amount 00/-

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. Sanjay Kumar Padhi Date 04.03.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

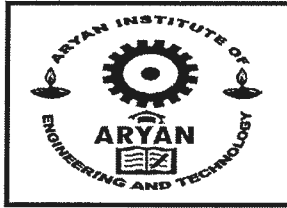
HOD Signature Prasanna Ranby Date 04.03.17

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00/-
HR Approval Saimita Parida Date 04.03.17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dre Laxmi

Date of Conference/workshop/ Seminar 8.08.16

Name of Conference Two days conference on "Conference ON Innovative Data System Research" Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00/-

Total expense submitted for reimbursement 5000/-

Employee Signature Dre. Laxmi Date 9.08.16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveet Prastay Date 9.08.16

I recommended: Yes/No

Principal Signature Sadhana Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 00/-

HR Approval Samita Parida Date 9.08.16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Subhendu Sekhar Sahoo

Date of Conference/Workshop/Seminar 23-02-2017

Name of Conference National Conference on Highway Alignment, Bridges and Tunnels Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Subhendu Sekhar Sahoo Date 24-02-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveet Parshy Date 24/2/2017

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Chentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 24/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BHAGYASHREE PANDA
Date of Conference/workshop/Seminar 17.8.2016-18.8.2016
Name of Conference Two days workshop on "Advances on Aero Space Technology" Location CIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000
Travel Expenses 1300
Boarding expenses 1500
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7000

Employee Signature Bhagyashree Panda Date _____

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 19/8/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____
Amount Reimbursed 7000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Calmita Parida Date 19/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SATCHIDANANDA MOHANTY

Date of Conference/workshop/Seminar 19.8.2016

Name of Conference International Conference on "Effect of Resource Methodology For Technical Education" Location BCR, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500

Employee Signature Satchidananda Mohanty Date 20/8/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 20/8/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Datatel Requisition _____

Amount Reimbursed 6500

Amount Un-reimbursed 00

HR Approval Laetita Parida

Date 20/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ALOK SUNDER MOHANTY

Date of Conference/workshop/Seminar 16.8.2016

Name of Conference National Seminar on Important's of Non Conventional Machining to Industrial Sector' Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 1500

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500

Employee Signature Alok Sunder Mohanty Date 17/8/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Saur Date 17/8/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 5,500

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 17/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SARAT KUMAR MISHRA

Date of Conference/workshop/Seminar 27.7.2016

Name of Conference National Conference on "Importance of smart materials in Engineering" Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1500

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Dr. Sarat Kumar Mishra Date 28/7/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 28/7/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____
Amount Reimbursed 6000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 28/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. PRADIPTA KUMAR DAS
Date of Conference/workshop/ Seminar 20.7.2016
Name of Conference Workshop on "Advances in Manufacturing Process" Location CIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7000

Employee Signature Mr. Pradipta Kumar Das Date 21/7/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 21/7/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____
Amount Reimbursed 7000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 21/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SHAIK MOZAMMIL
Date of Conference/workshop/Seminar 19.7.2016
Name of Conference Workshop on "Advances in sheet metal forming" Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 3000

Boarding expenses 500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Mr Shaik Mozammil Date 20/7/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 20/7/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No _____
Amount Reimbursed _____
HR Approval Samita Parida Date 20/7/2016
Datatel Requisition _____
Amount Un-reimbursed 00



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. PRADYUT KUMAR SWAIN
Date of Conference/workshop/Seminar 18.7.2016
Name of Conference National Conference on Challenges and Opportunities For Mechanical Engineers Location MIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000
Travel Expenses 2000
Boarding expenses 2000
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7000

Employee Signature _____ Date 19/7/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Swain Date 19/7/16

I recommended: Yes/No

Principal Signature Sudhanku Sechar Khuntia

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Reimbursement Approved? Yes No _____
Amount Reimbursed 7,000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 19/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. HIMANUSU SEKHAR MOHARANA

Date of Conference/workshop/Seminar 4.7.2016-5.7.2016

Name of Conference Two days workshop on "Emerging Trends in welding Technology" Location GIIFT, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7,000

Employee Signature Dr. Himansu Sekhar Moharana Date _____

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 6/7/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No

Amount Reimbursed 7,000

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 6/7/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. P. PAULPANDIAN

Date of Conference/workshop/Seminar _____

Name of Conference National Conference on "Innovations in Thermal, Manufacturing, Structural and Environmental Engineering" Location CRC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3 000

Travel Expenses 1 000

Boarding expenses 2 000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6000

Employee Signature DR P PAULPANDIAN Date 12/7/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Anand Jena Date 12/7/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Datatel Requisition _____

Amount Reimbursed 6000

Amount Un-reimbursed 00

HR Approval Saimita Parida

Date 12/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BISWAJITA DAS

Date of Conference/workshop/Seminar 10/1/2017

Name of Conference Workshop on "Mediterranean Electrotechnical" Location EATM, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3,000

Travel Expenses 1,000

Boarding expenses 1,500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5,500

Employee Signature Biswajitadash Date 11/1/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Swain Date 11/1/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5,500

HR Approval Saloniya Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Mousumi Panda

Date of Conference/workshop/ Seminar 9.2.2017

Name of Conference National Conference on "Symposium on Applied Electromagnetics and Mechanics" Location CEC, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6000

Employee Signature Dr. mousumi Panda Date 10/2/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 10/2/17

I recommended: Yes/No

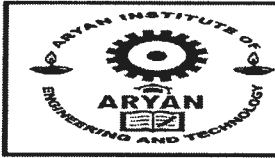
Principal Signature Sudhansu Sekhar Kheentla

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6000 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 10/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMRUTIREKHA MOHANTY

Date of Conference/workshop/ Seminar 13.3.2017

Name of Conference National Conference on "Mediterranean Electrochemical" Location CIET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7,000

Employee Signature Smrutirekha Mohanty Date 14/3/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sami Date 14/3/17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7,000

HR Approval Sumita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 14/3/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJAYA KUMAR BEURA

Date of Conference/workshop/ Seminar 26-9-2016

Name of Conference Construction Machinery and Equipment Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Ajaya Kumar Beura Date 27-9-2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 27/9/2016

I recommended: Yes/No

Principal Signature Sambhu Chandra Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000 Amount Un-reimbursed 00
HR Approval 27/9/2016 Date 27/9/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AVAYA KUMAR BALIARSINGH

Date of Conference/workshop/ Seminar 19.9.2016 - 20.9.2016

Name of Conference Computer-aided Geometric Design & Simulation Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Avaya Kumar Baliarsingh Date 21.9.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 21/9/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000 Amount Un-reimbursed 00
HR Approval Saemita Parida Date 21/9/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JITENDRA NARAYAN BISWAL
Date of Conference/workshop/ Seminar 3.1.2017 - 4.1.2017
Name of Conference Design tools, Cutting Tool Material and Coatings Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Jitendra Narayan Biswal Date 5-1-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 5/1/2017

I recommended: Yes/No

Principal Signature Sudhaneu Seichar Khuntela

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Reimbursement Approved? Yes No
Amount Reimbursed 8000 Datatel Requisition _____
Amount Un-reimbursed 1000
HR Approval Soemita Parida Date 5/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMRUTIREKHA GIRI

Date of Conference/workshop/ Seminar 09-09-2016

Name of Conference WORKSHOP ON Computational Mechanics Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source Nil amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Smrutirekha Giri Date 08-09-2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

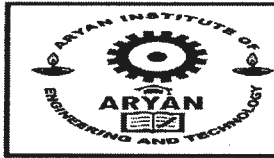
HOD Signature Pradyot Kumar Jena Date 9/9/2016

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00
HR Approval Samita Parida Date 9/9/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SAMIT KUMAR ACHARYA

Date of Conference/workshop/ Seminar 21-2-2017

Name of Conference Laser processing Technology Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Samit Kumar Acharya Date 22-2-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sahoo Date 22/2/2017

I recommended: Yes/No

Principal Signature Sudhakar Sahoo "Authorized"

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Reimbursement Approved? Yes No

Amount Reimbursed 7000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 22/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEEPAK SAHOO

Date of Conference/workshop/ Seminar 7-2-2017

Name of Conference High-speed/Precision machining Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Deepak Sahoo Date 8-2-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 8/2/2017

I recommended: Yes/No

Principal Signature Sudhakar Sechar Khentel

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 8/2/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ARUN KUMAR JENA

Date of Conference/workshop/ Seminar 28-1-2017

Name of Conference Fluid Dynamics, Bio-fuels, Fuel cells Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 500

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Arun Kumar Jena Date 19-1-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 19/1/2017

I recommended: Yes/No

Principal Signature Sudhansu Lechar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 19/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SUNITA BAL

Date of Conference/workshop/ Seminar 17-1-2017

Name of Conference Flexible Manufacturing Technology and System Location GEC, GUNPUR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 500

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature Dr. Sunita Bal Date 18-1-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sahu Date 18/1/2017

I recommended: Yes/No

Principal Signature Sudhanu Sechar Khentela

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Saemita Pasida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 18/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. GIRIJA PRASAD SAHOO

Date of Conference/workshop/ Seminar 11-1-2017

Name of Conference Energy machinery and Equipment Location BCE, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Dr. Girija Prasad Sahoo Date 12-1-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sahoo Date 12/1/2017

I recommended: Yes/No

Principal Signature Sudhansu Chhabra Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 12/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PILI KUMARI SAHOO

Date of Conference/workshop/ Seminar 10-1-2017

Name of Conference Energy Conservation, Renewable Energy Techniques Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Pili Kumari Sahoo Date 11-1-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sahoo Date 11/1/2017

I recommended: Yes/No

Principal Signature Sandhya Kishore Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000 Amount Un-reimbursed 1000
HR Approval Samita Parida Date 11/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANJEET RAJ

Date of Conference/workshop/ Seminar 4-1-2017

Name of Conference Dynamic Mechanical Analysis, Optimization and Control Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 500

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500

Employee Signature Sanjeet Raj Date 5-1-2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date _____

I recommended: Yes/No

Principal Signature Sudhansu Sechar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 5/1/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name TAPAN KUMAR MOHANTY

Date of Conference/Workshop/Seminar 27.07.2016 - 28.07.2016

Name of Conference Two days International conference on RECENT ADVANCEMENT OF smart MATERIALS IN ENGINEERING Location CEC, BHUBANESWAR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Tapan Kumar Mohanty Date 29/7/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Date 29/7/16

I recommended: Yes/No

Principal Signature Sidhanta Sekhan Khuntia

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Reimbursement Approved? Yes [checked] No

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Sushanta Parida Date 29/7/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRIYADARSHAN MAHANA

Date of Conference/workshop/Seminar 25.07.2016 - 26.07.2016

Name of Conference five days workshop on APPLICATION ON BIO GAS TO THE SOCIETY Location BHUBANESWAR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Priyadarshan Mahana Date 23/7/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Priyanka Kumar Saha Date 23/7/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhan Khuntia

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval Saumita Parida Date 23/7/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAS KISHORE DAS

Date of Conference/workshop/Seminar 28-08-2018

Name of Conference WORKSHOP RULES OF ROBOTS AND ITS AUTOMATION TO MILITARY Location GIET, BHUBANESWAR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Rai Kishore Dal Date 29/8/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Swain Date 29/8/18

I recommended: Yes/No

Principal Signature Sudhanda Sekhan Khuntia

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Saemita Parida Date 29/8/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SATCHIDANANDA MUHANDY

Date of Conference/Workshop/Seminar 25.05.2017

Name of Conference INTERNATIONAL CONFERENCE ON EFFECT OF RESOURCE METHODOLOGY FOR TECHNICAL EDUCATION Location BCE, BHUBANESWAR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount _____

Total expense submitted for reimbursement 6500/-

Employee Signature Sachidananda Mohanty Date 26.05.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 26/5/17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Date of Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Sayamita Parida Date 26/5/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name CHANDRABHANU MALLA

Date of Conference/workshop/Seminar 16.8.2016

Name of Conference NATIONAL SEMINAR ON SYNTHESIS OF ALUMINIUM AND SILICON CARBIDE NANO COMPOSITE MATERIALS Location GIET, GUNPUR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature chandrabhanu malla Date 17/8/16

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Soren Date 17/8/16

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Datatec Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Saimita Panda Date 17/8/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MURARI PRASAD PANDA

Date of Conference/workshop/ Seminar 10/01/2018

Name of Conference NATIONAL SEMINAR ON ADVANCED EARTHQUAKE RESISTANT TECHNIQUES Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Murari Prasad Panda Date 11/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumari Bhima Date 11/01/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Saimita Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Madhusmita Swain

Date of Conference/workshop/Seminar 5/2/2018 - 6/2/2018

Name of Conference Days National conference on Experiment Approach to Enhance programming languages and computer Design using Parini's Grammar Location _____

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Madhusmita Swain Date 7/2/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Bhupatreni Bhina Rao Date 7/2/2018

I recommended: Yes/No

Principal Signature Sudhanka Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 7000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 7/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KISAN PRAMOGI PATRO

Date of Conference/workshop/ Seminar 13/03/2018

Name of Conference National conference on computation system and information technology for sus-tainable solⁿ Location DRIEMS, CUTTACK

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 2500

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Kisan pramogi patro Date 14/3/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupatnami Ghinaloo Date 14/3/2018

I recommended: Yes/No

Principal Signature Sudhansu Garhwa Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 14/3/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name STHITI PRAWANYA SATPATHY

Date of Conference/workshop/ Seminar 09/11/18

Name of Conference National Conference on "Advanced Construction Technique" Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 1500/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Stithi Prawanya Satpathy Date 10/11/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajharpastami Bhalma Date 10/11/18

I recommended: Yes/No

Principal Signature Sandhya Sekhara Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5500/-

HR Approval Sandhya Sekhara

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 10/11/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMITA SAHOO

Date of Conference/workshop/ Seminar 05/02/18

Name of Conference WORKSHOP ON "Urban Design" Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Smita Sahoo Date 06/11/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajesh Kumar Bhunia Rao Date 06/11/18

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000/-

HR Approval Smita Sahoo

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 06/11/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NILGIRIB MOHANTY

Date of Conference/workshop/ Seminar 03/11/18

Name of Conference National Conference on "STRUCTURAL DESIGN & ENGINEERING MATERIAL" Location ALET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Nilgirib Mohanty Date 04/02/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rashmapatemi Blimkoo Date 04/02/18

I recommended: Yes/No

Principal Signature Sindhansu Sekhar Khentia

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Reimbursement Approved? Yes No

Amount Reimbursed 7000/-

HR Approval Sarmita Parida

Datatel Requisition

Amount Un-reimbursed 00

Date 04/11/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AKASHPRAVA PANDA

Date of Conference/workshop/ Seminar 02/02/18

Name of Conference National Conference on "SOLID WASTE MANAGEMENT SYSTEM" Location CEC

Expenses Submitted for Reimbursement

Registration Fees 4500/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount N/A

Total expense submitted for reimbursement 6500/-

Employee Signature Akashprava Panda Date 03/02/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhuyatrini Bhima Rao Date 03/02/18

I recommended: Yes/No

Principal Signature Sandhanee Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6500/-

HR Approval Sandhanee Khentia

Datatel Requisition _____

Amount Un-reimbursed 000/-

Date 03/11/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Harish Chand Giri

Date of Conference/workshop/ Seminar 06/03/18

Name of Conference Two days international Conference on "ELECTRONIC PIPELINE TECHNOLOGY PIPELINE SURVEY EQUIPMENT" Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. Harish Chand Giri Date 07/03/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghuveerini Bhimarao Date 07/03/18

I recommended: Yes/No

Principal Signature Sandhanee Sechara Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00/-

HR Approval Sandhanee Sechara Khuntia Date 07/03/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRAVAT KUMAR SUBUDHI

Date of Conference/workshop/ Seminar 03/07/17

Name of Conference International conference on 'Computing and communication Technologies' Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4500/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Pravat Kumar Subudhi Date 04/07/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupstami Ghimsoo Date 04/7/17

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00/-

HR Approval Sandhanu Sekhar Khentia Date 04/07/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABHILASH PRADHAN

Date of Conference/workshop/ Seminar 21/10/17

Name of Conference National Seminar on Natural Technologies of Waste Water Treatment Location GEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4500/-

Travel Expenses 1500/-

Boarding expenses 500/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Abhilash Pradhan Date 22/10/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupatruni Bhima Date 22/10/17

I recommended: Yes/No

Principal Signature Sudhansu Sekhar

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No
Amount Reimbursed 5500/- Amount Un-reimbursed Nil
HR Approval [Signature] Date 22/10/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. MADHAB CHANDRA ROUT

Date of Conference/workshop/ Seminar 03/02/2018

Name of Conference National conference on submerged floating tunnels Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 4000/-

Employee Signature Dr. Madhab Ch. Rout Date 04/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupati Devi Bhatnagar Date 4/02/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 4000

HR Approval Saimida Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 4/02/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. NIRMAL KUMAR SAHOO

Date of Conference/workshop/ Seminar 02/02/2018

Name of Conference National seminar on Hazardous Waste management Location GEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. Nirmal Kumar Sahoo Date 3/2/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prof. Rupakantini Bhimarao Date 3/2/2018

I recommended: Yes/No

Principal Signature Sudhansu Sahoo

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Reimbursement Approved? Yes No

Amount Reimbursed 7000

HR Approval Somita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 3/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NEHA SEN

Date of Conference/workshop/Seminar 01/02/2018

Name of Conference National Conference on Hydrology Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 2000

Boarding expenses 2500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Neha Sen Date 02/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhapatnui Ashim Kumar Date 2/2/2018

I recommended: Yes/No

Principal Signature Sudhakar Sen (Asst. Khuntia)

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500 Amount Un-reimbursed 00
HR Approval Salmiya Parida Date 2/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANGRAM KESHRI KHANDAI

Date of Conference/Workshop/Seminar 30/01/2018

Name of Conference International conference on Bio Diesel Location DRIEMS

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Sangram Keshri Khandai Date 31/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Lakshyapratima Bhunia Rao Date 31/01/2018

I recommended: Yes/No

Principal Signature Sudhakar Sankar Chandra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 31/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name FLORA DAS
Date of Conference/workshop/ Seminar 12/01/2018
Name of Conference WORKSHOP ON SOLAR BUILDING Location GLET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000
Travel Expenses 1500
Boarding expenses 2000
Other (Please explain) =

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NIL amount 00
Total expense submitted for reimbursement 4000/-
Employee Signature FLORA DAS Date 13/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praphuramani Bhinava Date 13/01/2018

I recommended: Yes/No

Principal Signature Sudharen Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No
Amount Reimbursed 4000 Amount Un-reimbursed 00
HR Approval Camita Parida Date 13/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PAKESH KUMAR SADANGI

Date of Conference/workshop/Seminar 16/01/2017

Name of Conference WORKSHOP ON FFBRE Reinforced Concrete Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature PAKESH KU SADANGI Date 17/01/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Parshuramuni Bishin Rao Date 17/01/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Caemita Mahanta Date 17/01/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SAMPAD KUMAR PRADHAN

Date of Conference/workshop/Seminar 26/01/2018

Name of Conference One day National Conference on Carbon Fibre use in constructions. Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 500

Travel Expenses 3000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Sampad Ku pradhan Date 27/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumar Mishra Date 27/01/2018

I recommended: Yes/No

Principal Signature Sandhanee Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 5500

Amount Un-reimbursed 00

HR Approval Calmita Parida

Date 27/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAM NARAYAN MISHRA

Date of Conference/workshop/Seminar 25/01/2018

Name of Conference National Conference on Concrete Repair and Structural Strengthening Location DRIDEMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Ram Narayan Mishra Date 26/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupatreni Bhinika Date 26/01/2018

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Seemla Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 26/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUCHISMITA SATHAPATHY

Date of Conference/workshop/ Seminar 13/01/2018

Name of Conference National Conference on Evacuation Patterns in High Rise Buildings Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1500

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Suchismita Sathapathy Date 13/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhapatruni Bhima Rao Date 14/01/2018

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 5500

HR Approval Saimita Parida

Datatel Requisition

Amount Un-reimbursed 00

Date 14/01/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Sourav Debasish

Date of Conference/workshop/Seminar 20/02/2018

Name of Conference National Seminar on "BUILDING PLANNING PRINCIPLE" Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. Sourav Debasish Date 21/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Panchajanya Prasad Das Date 21/02/2018

I recommended: Yes/No

Principal Signature Sudharan Sekhar Khuntia

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Reimbursement Approved? Yes [X] No [] Datatel Requisition
Amount Reimbursed 7000/- Amount Un-reimbursed 00/-
HR Approval [Signature] Date 21/02/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRIYAMBADA SATPATHY

Date of Conference/workshop/ Seminar 13/11/17

Name of Conference National Conference on Innovative Practices in Civil Engineering Location CRC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4500/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Priyambada Satpathy Date 14/11/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prof. Deepak Kumar Bhatnagar Date 14/11/17

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 6000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 000/-

Date 14/11/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUBHENDU SEKHAR SAHOO

Date of Conference/workshop/Seminar 12/12/17

Name of Conference Workshop on Emerging Trends & Advancement in Concrete Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Subhendu Sekhar Sahoo Date 13/12/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Deepshikha Prasad Bhatnagar Date 13/12/17

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 5500/-

Amount Un-reimbursed 00/-

HR Approval Soemita Parida

Date 13/12/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SAGARIKA PABAYAT

Date of Conference/workshop/ Seminar 6/3/18

Name of Conference National Conference on Changes in Civil Structure - from Past to Present Location DRIEMS, Cuttack

Expenses Submitted for Reimbursement Scenario

Registration Fees 2000/-

Travel Expenses 1500/-

Boarding expenses 50/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 4000/-

Employee Signature Sagarika Pabayat Date 7/3/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupatremi Mishra Date 7/3/18

I recommended: Yes/No

Principal Signature Sudharan Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 4000/-

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 7/3/18



ARYAN INSTITUTE OF ENGINEERING & TECHNOLOGY

Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Pyotirmayee Panda

Date of Conference/workshop/ Seminar 3.8.2019

Name of Conference one day national conference on urban environmental problems Location GIFT, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Pyotirmayee Panda Date 4/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajeshwari Bhina Rao Date 4/8/17

I recommended: Yes/No

Principal Signature Sudhansu Lekhan Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No Datatec Requisition

Amount Reimbursed 7000/- Amount Un-reimbursed

HR Approval Samita Panda Date 4/8/17



ARYAN INSTITUTE OF ENGINEERING & TECHNOLOGY

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name OSIN SANGHAMITRA PATEL

Date of Conference/workshop/Seminar 4.8.2017

Name of Conference International conference on extended regional urbanisation conference Location DRIEMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 2500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Osini Sanghamitra Patel Date 5/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajshree Kumar Bhunia Rao Date 5/8/17

I recommended: Yes/No

Principal Signature Sudhansu Sekhon Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 000

HR Approval Sasmita Parida Date 5/8/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Rajhupatouni Bhima Rao

Date of Conference/workshop/Seminar 7-2-2018

Name of Conference National conference on high engineering and maintenance Location NMIET, BRCP

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Rajhupatouni Bhima Rao Date 8/2/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupatouni Bhima Rao Date 8/2/18

I recommended: Yes/No

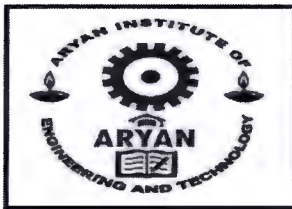
Principal Signature Sudhansu Sekhan Khuntia

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Saimata Panda Date 8/2/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sh. Chandra G. Ghoshal

Date of Conference/Workshop/Seminar 15/4/2012

Name of Conference National Conference on Recent Innovation in Civil Engg. Location BATM BBLR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 0000

Employee Signature Chadma G. Ghoshal Date 15/4/2012

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Prasad Bhatnagar Date 16/4/2012

I recommended: Yes/No

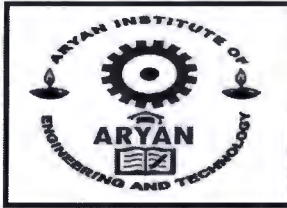
Principal Signature Carden Lalaker Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval Caenita Parida Date 16/4/2012



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Atul

Date of Conference/workshop/Seminar 10.1.2018

Name of Conference workshop on recent advancement in modern surveying Location GIET, BBR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Atul Date 11/1/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Boghran Prasad Ghum Rao Date 11/1/2018

I recommended: Yes/No

Principal Signature Siddhant Sankar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

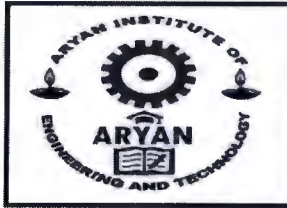
Amount Reimbursed 7000/-

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11/1/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. AMITT KUMAR JANA

Date of Conference/workshop/Seminar 17/10/17

Name of Conference Workshop on Implementing & Analyzing Different Feature Extraction Techniques using BCI Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Amitt Kumar Jana Date 18/10/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Priya Chandan Satpathy Date 18/10/17

I recommended: Yes/No

Principal Signature Sudhakar Sekhar

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

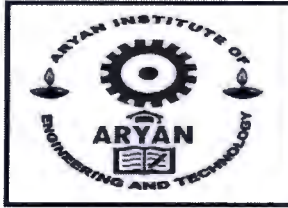
Amount Reimbursed 7000/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 18/10/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KISAN PRAYAG PATRO

Date of Conference/workshop/ Seminar 12/3/18

Name of Conference National Conference on Computation System & Information Technology for Sustainable Development Location DRIFMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 2500/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Kisan Prayag Patro Date 13/3/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pritya Chandan Satpathy Date 13/3/18

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

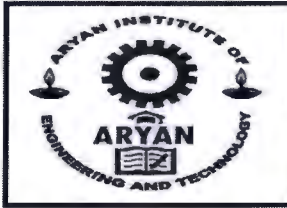
Datatel Requisition _____

Amount Reimbursed 5500/-

Amount Un-reimbursed 00/-

HR Approval Samanta Parida

Date 13/3/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. P. PAU PANDAI
Date of Conference/workshop/ Seminar 4/9/2017
Name of Conference Workshop on mechanical applications Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 2000/-
Boarding expenses 1000/-
Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00
Total expense submitted for reimbursement 7000/-

Employee Signature P. Pandai Date 5/9/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

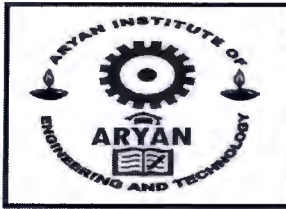
HOD Signature Pradyumn Saini Date 5/9/2017

I recommended: Yes/No

Principal Signature Sudhansu Chandra Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00
HR Approval Sarita Patra Date 5/9/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MADHUSMITHA SWAIN

Date of Conference/workshop/ Seminar 5/2/18 - 6/2/18

Name of Conference Two days National Conference on An Experimental Approach to Enhance Programming Language & compiler Design using Panini's Grammar Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Madhusmita Swain Date 7/2/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prinya Chandan Satpathy Date 7/2/18

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000/-

HR Approval Saimita Panda

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 7/2/18



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JUI PATTANAİK
Date of Conference/workshop/Seminar 27.7.2018
Name of Conference International conference on Remaining technical and application Location GIET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1000/-
Boarding expenses 2000/-
Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Jui Pattanaik Date 28.7.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Koushik Date 28/7/18

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghunta

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____
Amount Reimbursed 7000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 28/7/2018



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAKASH DEHURY

Date of Conference/workshop/ Seminar 08/09/2017

Name of Conference National conference on computational complexity conference Location CEC, BBSE

Expenses Submitted for Reimbursement

Registration Fees 1500

Travel Expenses 1000

Boarding expenses 3000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Prakash Dehury Date 09/09/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Prashy Date 9/9/2017

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 9/9/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr SANJAY KUMAR PDDHI

Date of Conference/workshop/ Seminar 22/08/2017

Name of Conference Workshop on Remote sensing and ITS Application Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature Dr sanjay ku padhi Date 23/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Prasad Date 23/8/2017

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5000 Amount Un-reimbursed 00

HR Approval Sandhanu Khuntia Date 23/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUSHREE SANGITA JENA

Date of Conference/workshop/ Seminar 04.10.8/2017

Name of Conference International Conference on Artificial Evolution conference Location AET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Sushree Sangita Jena Date 05.08/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pramod Koushik Date 5/8/2017

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Salmiya Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 5/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Ms AMIYA KUMARSAHOO

Date of Conference/workshop/ Seminar 03/08/2017

Name of Conference NATIONAL CONFERENCE ON JOINT CONFERENCE ON DIGITAL LIBRARIES Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 1500

Travel Expenses 1000

Boarding expenses 3000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Ms. Amiya K. Sahoo Date 04/08/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveet Prashy Date 4/8/2017

I recommended: Yes/No

Principal Signature Sudhakar Lenka

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500 Amount Un-reimbursed 00
HR Approval Salmiya Parida Date 4/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PUSPALATA PRADHAN

Date of Conference/workshop/ Seminar 13/03/2018

Name of Conference ONE Day National Conference on Location CEB, BBSR

Low cost Housing

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 4000/-

Employee Signature Puspalata Pradhan Date 14/03/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradeep Prasad Date 14/3/2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Jha

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Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 4000

Amount Un-reimbursed 00

HR Approval Sarmita Parida

Date 14/3/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUKUMAR JOSHI

Date of Conference/workshop/ Seminar 09/03/2018

Name of Conference National conference on Bamboo Location ADIT, Cuttack

as a building material

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Sukumar Joshi Date 10/03/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Parida Date 10/3/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000

HR Approval Saenita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 10/3/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNITA PRIYADARSINI
Date of Conference/workshop/ Seminar 22/02/2018
Name of Conference Workshop on pavement Design Location GITAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 1000
Travel Expenses 500
Boarding expenses 4000
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Sunita Priyadarshini Date 23/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pragat Rastogi Date 23/2/2018

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Khentia

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Reimbursement Approved? Yes No
Amount Reimbursed 5500 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saemida Parida Date 23/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NILAMBARI PANDA

Date of Conference/workshop/ Seminar 20/02/2018

Name of Conference Workshop on Highway Network management Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Nilambari panda Date 21/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 22/2/2018

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 6000

Amount Un-reimbursed 00

HR Approval [Signature]

Date 22/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMITA DAS

Date of Conference/workshop/ Seminar 09/02/2018

Name of Conference NATIONAL Conference on Suspension Bridges Location MLET, BBSP

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 3000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Smita Das Date 10/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradeep Prusty Date 10/2/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Kheentia

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Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 10/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAINGYA SWAIN

Date of Conference/workshop/ Seminar 07/02/2018

Name of Conference National Seminar on Disaster Management Location GEC, BBR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Prangya Swain Date 08/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravot Prasad Date 8/2/2018

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Kheentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 8/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAJESH SATAPATHY

Date of Conference/workshop/ Seminar 24/1/2018

Name of Conference National conference on "Hidden Markov model for POS tagging in word sense disambiguation" Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Rajesh Satapathy Date 25/1/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveet Prasadley Date 25/1/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 5500/-

Amount Un-reimbursed Nil

HR Approval Sasmita Parida

Date 25/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BHABESH KUMAR DADHICHI

Date of Conference/workshop/ Seminar 30/01/2018

Name of Conference National seminar on secure dynamic carpooling android application using novel multi-agent approach Location DRIEMS, Cuttack
Expenses Submitted for Reimbursement for an organization.

Registration Fees 4500/-

Travel Expenses 2500/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Bhabesh Kumar Dadhichi Date 31/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Prasad Date 31/01/2018

I recommended: Yes/No

Principal Signature Sudhansu Sechar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed Nil

Date 31/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAVAT MALLICK

Date of Conference/workshop/ Seminar 21/02/2018

Name of Conference National seminar on discrete Location CFC, Bhubaneswar

dimensional analysis of n-dimensional data using deep neural network techniques by hidden manifold learning for generalization functions"

Registration Fees 5500/-

Travel Expenses 1000/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Pravat Mallik Date 22/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Mallik Date 22/02/2018

I recommended: Yes/No

Principal Signature Sadhana Sathar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

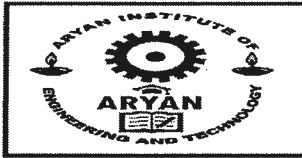
Amount Reimbursed 6500/-

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed Nil

Date 22/02/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name TAPAS RANJAN BAITHARU
 Date of Conference/workshop/Seminar 17/11/2018 - 18/11/2018
 Name of Conference workshop on NATIONAL conference on computation Location Renewable Energy Source of sustainable development

Expenses Submitted for Reimbursement

Registration Fees 1000
 Travel Expenses 4000
 Boarding expenses 2000
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Tapas Ranjan Baitharu Date _____

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Prashy Date 19/11/2018

I recommended: Yes/No

Principal Signature Sudhanu Sechar Ghentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
 Amount Reimbursed 7000 Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Soemita Parida Date 19/11/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. LAXMI

Date of Conference/workshop/ Seminar 20/11/2017

Name of Conference Workshop on logic, Language and information and computation Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2500

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Laxmi Date 21/11/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveet Poostry Date 21/11/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 5500

Amount Un-reimbursed 00

HR Approval Saemita Parida

Date 21/11/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRANAV KUMAR RAUTRAY

Date of Conference/workshop/ Seminar 14/11/2017

Name of Conference International Conference on Symposium on Graph Drawing Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 1500

Travel Expenses 1000

Boarding expenses 3000

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Pranav Kumar Rautray Date 15/11/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasenjit Rout Date 15/11/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes [checked] No

Amount Reimbursed 5500/- Datatel Requisition

HR Approval Samita Parida Date 15/11/2017 Amount Un-reimbursed 00



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name VIDYA MOHANTY

Date of Conference/workshop/ Seminar 07/11/2017

Name of Conference International Conference on Algorithms and data structures symposium. Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2500

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Vidya Mohanty Date 08/11/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveet Pasari Date 8/11/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Kheentia

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Reimbursement Approved? Yes No

Amount Reimbursed 6500

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 8/11/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRATYUSHBHANU KHUNTIA

Date of Conference/workshop/ Seminar 15/08/2017

Name of Conference International conference on genetic and evolutionary computational conference Location ORIEMIS, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Pratyushbhanu Khuntia Date 16/08/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Prusty Date 16/8/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ghentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

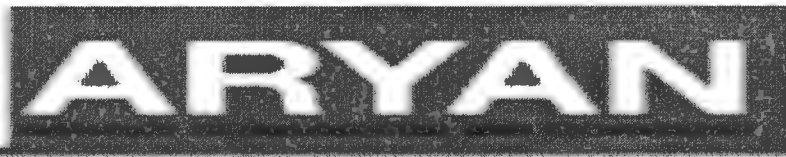
Datatel Requisition _____

Amount Reimbursed 7000

Amount Un-reimbursed 00

HR Approval Saimita Parida

Date 16/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. CUDHUSHU SEKHAR KHUNTIA

Date of Conference/Workshop/Seminar 12/7/2017

Name of Conference Workshop on research trends in optical technology and its applications Location NMJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Sudhanshu Sekhar Khuntia Date 13/7/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Saha Date 13.7.2017

I recommended: Yes/No

Principal Signature Sudhanshu Sekhar Khuntia

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Reimbursement Approved? Yes [checked] No Datatec Requisition

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Pradyumn Saha Date 13.7.2017

Principal Aryan Institute of Engineering & Technology Arya Vihar, Barakuda, Panchagaon Bhubaneswar-752050



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANJAY KUMAR SARANGI

Date of Conference/workshop/ Seminar 7/2/2018 - 8/2/2018

Name of Conference Two days National Conference Wireless Remote Sensing and its application Location BIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Dr. Sanjay Ku Sarangi Date 7/2/2018 - 8/2/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasanna Kumar Date 8/2/2018

I recommended: Yes/No

Principal Signature Sudhanu Sankar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 9/2/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR SWAGATIKA PANDA

Date of Conference/workshop/ Seminar 02/03/2018

Name of Conference International Conference Wireless Transceiver IC Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source 210 amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Dr swagatika panda Date 03/03/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 3/3/2018

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 7000

HR Approval Seemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 3/3/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MAHESHARI RASHMITA NATH

Date of Conference/workshop/ Seminar 12/03/2018

Name of Conference NATIONAL CONFERENCE ON EMERGING RE Location DRIEMS, CUTACK

Technologies: A design perspective

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Maheshari Rashmita Nath Date 13/03/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 13/3/2018

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 5500/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13/3/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BHAGABAN SRI RAMAKRISHNA

Date of Conference/workshop/ Seminar 01/01/2018 - 03/01/2018

Name of Conference TWO days workshop on IC Design Location CEC, BBSR

for industry: Analog, mixed-signal & memory chips

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 7000/-

Employee Signature Bhagaban Sri Ramakrishna Date 01/01/2018 - 03/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 4/01/2018

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes [checked] No
Amount Reimbursed 7000/- Amount Un-reimbursed 00
HR Approval [Signature] Date 4/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRASANT KUMAR SAHOO

Date of Conference/workshop/ Seminar 03/03/2018 BBSR

Name of Conference National conference on Design of microstrip patch antennas Location EMTM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature Prasant K. Sahoo Date 04/03/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 4/3/2018

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No

Amount Reimbursed 6500/-

HR Approval [Signature]

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 4/3/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name IPSITA SAMAL

Date of Conference/workshop/ Seminar 11/10/2017

Name of Conference International conference on Inspiring Innovations on electronic Location M.I.E.T, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature Ipsita samal Date 12/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 12/10/2017

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6500/-

HR Approval [Signature]

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 12/10/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MADHULITA MOHAPATRA

Date of Conference/workshop/ Seminar 18/08/2017

Name of Conference International Conference on Role of Electronics & Communication in Aerospace Industry Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 6500/-

Employee Signature Madhumita Mohapatra Date 19/08/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 19/08/2017

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6500/-

HR Approval [Signature]

Datatel Requisition _____

Amount Un-reimbursed 00

Date 19/08/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name A MANISHA

Date of Conference/workshop/ Seminar 17.1.2018

Name of Conference workshop on 'projection TV using Location NMIET, BOSTR

DMD & GLV chips

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature A Manisha Date 18.1.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pragna Mahapatra Date 18/1/2018

I recommended: Yes/No

Principal Signature Sandhanu Charan Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 7000

HR Approval Saralita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 18/1/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SHAHENAZ PARWEEN

Date of Conference/workshop/ Seminar 21.6.2017

Name of Conference NATIONAL CONFERENCE ON Emerging Trends in VLSI design Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature shahenaz parween Date 22.6.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 22/6/2017

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000

HR Approval [Signature]

Datatel Requisition _____

Amount Un-reimbursed 00

Date 22/6/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KHAGESWAR JENA

Date of Conference/workshop/ Seminar 19.5.2017

Name of Conference National conference on wireless Electricity or witricity Location M.I.E.T, Bhubn

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1500

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Khageswar Jena Date 20.5.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 20/5/2017

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval [Signature] Date 20/5/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANKITA PANDA

Date of Conference/workshop/ Seminar 9.1.18

Name of Conference National seminax on 'morden Antenns wfr wireless system. Location At EATM. BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000

Employee Signature Ankita panda Date 9.1.18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 9/1/18

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 5000

HR Approval [Signature]

Datatel Requisition

Amount Un-reimbursed 00

Date 9/1/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JYOTIRMAYA SAMAL

Date of Conference/workshop/ Seminar TWO DAYS NATIONAL 5.2.2018

Name of Conference TWO days National conference Location GIFT, BBSR
on " VLSI, Embedded memory design and trends'

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Jyotirmaya samal Date 6.2.18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 6/2/18

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000 Amount Un-reimbursed 00
HR Approval [Signature] Date 6/2/18



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Ranjit Kumar Nayak

Date of Conference/workshop/ Seminar 12.3.2018

Name of Conference National conference on security protocols for sensor networks

Location

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1500

Boarding expenses 1000

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Ranjit Kumar Nayak Date 13.3.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prabhakar Date 13.3.2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Nayak

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Reimbursement Approved? Yes [checked] No

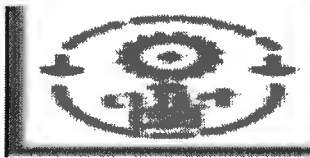
Datatel Requisition

Amount Reimbursed 6500

Amount Un-reimbursed 00

HR Approval Samita Parida

Date 13.3.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name LEL. RUDRA PRASAD MAJIDA

Date of Conference/workshop/ Seminar 17.1.2018

Name of Conference workshop on research trends in latest technologies and its application Location GIET, BBR

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature It. Rudra Prasad Majida Date 18/1/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 18.1.2018

I recommended: Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Date of Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval [Signature] Date 18/1/2018

Principal
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Bhubaneswar-752050



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SANGITA PAL

Date of Conference/workshop/ Seminar @ 24/07/2017

Name of Conference International conference on Innovation in Information and communication technology. Location AMIEIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Sangita pal Date 25/07/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Premendu Singh Date 25/07/2017

I recommended: Yes/No

Principal Signature Sudhansu Sechar Kheuntla

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed Nil

HR Approval Salmata Parida Date 25/07/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJIT KUMAR PANDA

Date of Conference/workshop/ Seminar 08/05/2017

Name of Conference International conference power Location EATM, BBSR

Generating sheet absorber

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = ✓

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 5500/-

Employee Signature Ajit Kumar Panda Date 09/05/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 9/5/2017

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes ✓ No

Amount Reimbursed 5500/-

HR Approval Saimona Parida

Datatel Requisition

Amount Un-reimbursed 00/-

Date 9/5/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR TRIPATHY

Date of Conference/Workshop/Seminar 7.8.2017

Name of Conference National Conference on Data Discovery Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Sunil Kumar Tripathy Date 8.8.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 8.8.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6500

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 8.8.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. JYOTIRMAYA SATPATHY
 Date of Conference/workshop/ Seminar 5.9.2017
 Name of Conference National seminar on magnetohydrodynamic propulsion Location KEL BBR
Dept of General Techn

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 1000/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NP amount 00

Total expense submitted for reimbursement 5000

Employee Signature Jyotirmaya Satpathy Date 6.9.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Pan Date 6.9.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Kheentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____
 Amount Reimbursed 5000 Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Saimita Parida Date 6.9.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SILLA RAJUGOPAL

Date of Conference/workshop/Seminar 14.8.2017

Name of Conference International conference on
Engineering Protection using
IAA-M Location NMIST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0

Total expense submitted for reimbursement 6500

Employee Signature Silla Rajugopal Date 15.8.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 15.8.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Ashanta

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500 Amount Un-reimbursed 0

HR Approval Saravita Panda Date 15.8.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DILLIP KUMAR NAYAK

Date of Conference/Workshop/Seminar 10.7.2017

Name of Conference National conference on Intergovernmental relations Location CBS, BSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount 00

Total expense submitted for reimbursement 7000

Employee Signature Dillip Kumar Nayak Date 11.7.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 11.7.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Salmata Panda Date 11.7.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name HIMANSHU SEKHAR MAHARANA
 Date of Conference/workshop/Seminar 25.7.2017
 Name of Conference International Seminar on (Innovation & Entrepreneurship) Location GIFT, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 1000/-
 Boarding expenses 1500/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature Himanshu Sekhar Maharana Date 26.7.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Apit Kumar Panda Date 26.7.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
 Amount Reimbursed 5500 Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Saimita Panda Date 26.7.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ----- SANAM DEVI

Date of Conference/Workshop/Seminar ----- 18.7.2017 - 19.7.2017

Name of Conference ----- 7th International Conference on IT in Education Location ----- GRC, BBSR

Expenses Submitted for Reimbursement

Registration Fees ----- 3000/-

Travel Expenses ----- 1000/-

Boarding expenses ----- 1500/-

Other (Please explain) = -----

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ----- NO ----- amount ----- 00

Total expense submitted for reimbursement ----- 5500

Employee Signature ----- Sanam Devi ----- Date ----- 20.7.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature ----- Ajit Kumar Panda ----- Date ----- 20.7.2017

I recommended: Yes/No

Principal Signature ----- Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed ----- 5500 ----- Datatel Requisition -----

Amount Un-reimbursed ----- 00 -----

HR Approval ----- Laemita Parida ----- Date ----- 20.7.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ATANTA PRIYADARSHINEE

Date of Conference/workshop/Seminar 26/6/2019

Name of Conference Internal workshop on Internal Thonography Location DRIEMS, COTTACK

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Atanta Priyadarshini Date _____

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 27/6/2019

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

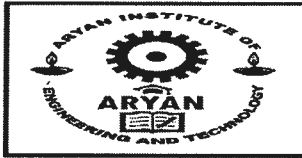
Datatel Requisition _____

Amount Reimbursed _____

Amount Un-reimbursed 00

HR Approval Sanjita Panda

Date 27/6/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SASMITA PARIDA

Date of Conference/workshop/ Seminar 19.9.2017

Name of Conference National Conference on water & power system Location BET, BBR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Sasmita Parida Date 20.9.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Agit Kumar Panda Date 20.9.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 7000/-

Amount Un-reimbursed 00

HR Approval Sasmita Parida

Date 20.9.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Ajaya Kumar Swain
International Conference
Date of Conference/workshop/ Seminar 23.5.2017
Name of Conference International conference on power and Energy Society Location General meeting

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 1500

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Dr. Ajaya Kumar Swain Date 23.5.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 28/5/2017

I recommended: Yes/No

Principal Signature Sudhansu Chandra Khuntia

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Reimbursement Approved? Yes No
Amount Reimbursed 6500/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 29/5/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Debdendra Kumar Sahoo

Date of Conference/workshop/ Seminar 21.5.2017

Name of Conference International conference on modeling analysis & control of microgrid Location _____

Expenses Submitted for Reimbursement

Registration Fees 1000

Travel Expenses 1500

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Debdendra Kumar Sahoo Date 22.5.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 22/5/2017

I recommended: Yes/No

Principal Signature Budhanu Bechar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 22/5/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Subhoshish Mohanty

Date of Conference/workshop/ Seminar 4.7.2017

Name of Conference National Conference on Application of Advance Control Location Of micro grid
Techniques in Power Electronics and Power Technology.

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Subhoshish Mohanty Date 5.7.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 6/7/2017

I recommended: Yes/No

Principal Signature Sudhansu Chandra Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Saemita Parida Date 6/7/2017

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Swarna Manjaji Samal
Date of Conference/workshop/ Seminar Two days 07.2017 - 06.07.2017
Name of Conference Two days national conference on 'IMPORTANT NANO FLUID TO THE ENGINEERING FIELD' Location EAST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 1500/-
Boarding expenses 1000/-
Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Swarna Manjaji Samal Date 07.07.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

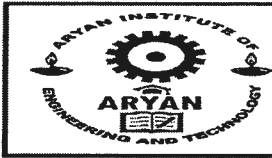
HOD Signature Ajeet Kumar Panda Date 7/7/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes [checked] No
Amount Reimbursed 5500 Amount Un-reimbursed 00
HR Approval Samita Parida Date 7/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABHISHEK MOHANTY

Date of Conference/workshop/ Seminar 25/05/2017

Name of Conference National Seminar on Electromagnetic Compatibility / signal & power integrity Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 500/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Abhishek Mohanty Date 26/05/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 26/05/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 26/05/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABANI KOMAR MUDOLI
Date of Conference/workshop/Seminar 2/10/2017
Name of Conference International conference on Micro Power Electronics Generator. Location CEL, BBR

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 1500/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Abani Ku. Mudoli Date 3/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 3/10/2017

I recommended: Yes/No

Principal Signature Sudhanu Lakshar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 6500/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 3/10/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR NABNIT PANIGRAHI
Date of Conference/workshop/ Seminar 21/05/2017
Name of Conference Modeling analysis & control Location CEC, BBSR
micro grid

Expenses Submitted for Reimbursement

Registration Fees 3500

Travel Expenses 1000

Boarding expenses 2000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 6500/-

Total expense submitted for reimbursement 6500/-

Employee Signature Dr nabnit panigrahi Date 22/05/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Date 22/05/2017

I recommended: Yes/No

Principal Signature Sudhansu Sechar Khuntia

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Reimbursement Approved? Yes No
Amount Reimbursed 6500/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 22/05/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBASISH MISHRA

Date of Conference/workshop/ Seminar 10/05/2017

Name of Conference International Conference on Advancement Location CET

of Friction Start Welding

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Debasish Mishra Date 11/05/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 11/5/17

I recommended: Yes/No

Principal Signature Sudhanu Chhabra Khentela

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

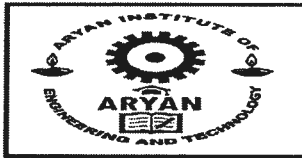
Amount Reimbursed 6500/-

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11/5/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR MATHA PATRO

Date of Conference/workshop/ Seminar 25/05/2017

Name of Conference National seminar on electromagnetic compatibility, signal & power integrity Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 50/-

Total expense submitted for reimbursement 5000/-

Employee Signature Sunil K. Mathapatro Date 26/05/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 26/5/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 26/5/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SPINIVAC

Date of Conference/workshop/ Seminar 27/6/2019 - 27/6/2019

Name of Conference Two days National Conference on Intelligent cyber physical systems and internet of things Location GIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Spinivac Date 23/6/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 23/6/2019

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 23/6/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ARA VINDA MAHPATRA

Date of Conference/workshop/Seminar 10/05/2017

Name of Conference NATIONAL CONFERENCE ON ADVANCEMENT OF FRICTION STIR WELDING Location CET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 500/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Aravinda Mahapatra Date 11/05/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Sankh Date 11/05/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

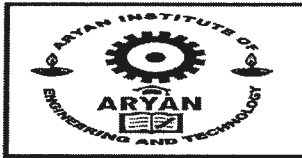
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Reimbursement Approved? Yes No

Amount Reimbursed 6500/- Datatel Requisition _____

Amount Un-reimbursed 00

HR Approval Casmita Parida Date 11/05/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANTEEV KUMAR MISHRA
 Date of Conference/workshop/Seminar 21.6.2017 - 22.6.2017
 Name of Conference National Conference on Intelligent Cyber Physical System and Internet of Things Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 2000/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 7000/-
 Employee Signature Sanjeev Kumar Mishra Date 23/6/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 23/6/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 7000/- Amount Un-reimbursed 0/-
 HR Approval Salmita Parida Date 23/6/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name IPSITA PAHI

Date of Conference/Workshop/Seminar 26/6/2017

Name of Conference International Conference on Infrared Thermography Location PRIEMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
Total expense submitted for reimbursement 6500/-

Employee Signature Ipsita Pahi Date 27/6/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 28/6/2017

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Kheentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval Seemita Parida Date 28/6/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. PRAKASH KUMAR SAHU

Date of Conference/workshop/Seminar 4.07.2017

Name of Conference APPLICATION OF ADVANCE CONTROL & TECHNIQUES OF POWER ELECTRICS Location CEB/ BBSR
and power Technology

Expenses Submitted for Reimbursement

Registration Fees 9000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Mr Prakash Ku Sahu Date 5.07.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 5.07.2017

I recommended: Yes/No

Principal Signature Sudhansu Seetha Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000/- Amount Un-reimbursed 00
HR Approval Galmata Parida Date 5.07.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SUBHENDU SEKHAR SAHOO
Date of Conference/workshop/Seminar 05.07.2017 - 06.07.2017
Name of Conference IMPORTANCES of Mono fluid to the EAST, BBSR Location Engineering fields

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature Mr Subhendu Sekhar Sahoo Date 07.07.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 07.07.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentela

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Reimbursement Approved? Yes No
Amount Reimbursed 5500/- Datatel Requisition _____
Amount Un-reimbursed _____
HR Approval Salmata Parida Date 07.07.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SOMNATH MISHRA

Date of Conference/workshop/ Seminar 8.05.2017

Name of Conference Power generating Shock Absorber Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3500/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature MR SOMNATH MISHRA Date 9.05.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 9.05.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Behera

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed _____

HR Approval Saimita Parida Date 9.05.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Biswajita Das
 Date of Conference/workshop/Seminar 14.8.2017
 Name of Conference National Conference on Lightning Protection using LFA-M Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 1500/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 6500/-
 Employee Signature Biswajita Das Date 15/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 15/8/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No _____
 Amount Reimbursed 6500 Amount Un-reimbursed 00
 HR Approval Sasmita Parida Date 15/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Mausumi Panda
 Date of Conference/workshop/Seminar 7.8.2017
 Name of Conference National Conference on Data Mining and Knowledge Discovery Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4500 /-
 Travel Expenses 1500 /-
 Boarding expenses 1000 /-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement _____

Employee Signature Mausumi Panda Date 8/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 8/8/2017

I recommended: Yes/No

Principal Signature Sudhakar Sahoo Chandra

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Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 6500 Amount Un-reimbursed 00
 HR Approval Salmitee Parida Date 8/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Krushna Keshub Barua

Date of Conference/Workshop/Seminar 25/7/2017

Name of Conference International Conference on Integration Substation Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000 /-

Travel Expenses 2000 /-

Boarding expenses 500 /-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement _____

Employee Signature Krushna Keshub Date 26/7/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Barua Date 26/7/2017

I recommended: Yes/No

Principal Signature Sankhadevi Sathya Sreedevi

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500 /- Amount Un-reimbursed 0 /-

HR Approval Salmite Jaiswal Date 26/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Arechanu Mandal
 Date of Conference/workshop/Seminar 18/7/2017 - 19/7/2017
 Name of Conference National Conference on Integration of IT in Machine Tools Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 2000/-
 Boarding expenses 500/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 5500/-
 Employee Signature Arechanu Mandal Date 20/7/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Date 20/7/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____
 Amount Reimbursed 5500/- Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Sudhansu Sekhar Khuntia Date 20/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Kumar Dasarekhi Dalei

Date of Conference/workshop/ Seminar 10.7.2017

Name of Conference Integrated vehicle health Managem Location CEB, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 7000/-

Employee Signature Kumar Dasarekhi Date 11/7/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Date 11/7/2017

I recommended: Yes/No

Principal Signature Sudhansu Debeas Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Smita Parida Date 11/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BAIDYANATH MOHANTY

Date of Conference/Workshop/Seminar 22.05.2017

Name of Conference International conference on power and energy society, Singal Location EATM, BBSR
& power integrity

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1500/-

Boarding expenses 100/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature BPI Baidyanath Mohanty Date 23.05.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Date 23.05.2017

I recommended: Yes/No

Principal Signature Sudhansu Lenka

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Reimbursement Approved? Yes No

Amount Reimbursed 6500/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 23.05.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name CHANDRABANU MALLA
 Date of Conference/workshop/Seminar 20.9.2017
 Name of Conference National Conference on Intelligent Manufacturing Processes Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 2000/-
 Boarding expenses 500/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ----- amount-----

Total expense submitted for reimbursement 6500

Employee Signature Chandrabhanu Malla Date 21/9/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 21/9/2017

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 6500 Amount Un-reimbursed 00
 HR Approval [Signature] Date 21/9/2017



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GENERAL INFORMATION

Employee Name JAGDISH PRADHAN
 Date of Conference/workshop/Seminar 21.9.2017
 Name of Conference "Operations Management" Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3500/-
 Travel Expenses 2000/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 6500/-
 Employee Signature Jagdish Pradhan Date 22/9/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 22/9/2017

I recommended: Prasanna Kumar Swain
Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____
 Amount Reimbursed 6500/- Amount Un-reimbursed 00
 HR Approval [Signature] Date 22/9/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SATCHIDANANDA MOHANTY

Date of Conference/workshop/ Seminar 2.10.2017

Name of Conference "Powder Metallurgy/casting/ Sintering/ Thermal Engineer" Location GJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 7000/-

Employee Signature Sachinendra Mohanty Date 3/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 3/10/2017

I recommended: [Signature] Yes/No

Principal Signature Sudhansu Sechar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval [Signature] Date 3/10/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAJ KISHORE DAS
 Date of Conference/workshop/ Seminar 3.10.2017 - 7.10.2017
 Name of Conference "Precision Manufacturing & Measurement" Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 1500/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 5500/-

Employee Signature Raj Kishore Das Date 8/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 8/10/2017

I recommended: Pragya Kumar Swain
 Yes/No

Principal Signature Sudhakar Sekhar Khuntia

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Reimbursement Approved? Yes No _____
 Amount Reimbursed 5500/- Amount Un-reimbursed 00/-
 HR Approval Seemita Parida Date 8/10/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Priyadarshan Mohana
 Date of Conference/workshop/Seminar 17/10/2017
 Name of Conference National Seminar on Quality and Reliability Engineering Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 1000/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 6000/-
 Employee Signature Priyadarshan Mohana Date 18/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 18/10/2017

I recommended: Yes/No Pradyumn Kumar Jena

Principal Signature Sudhanu Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 6000/- Amount Un-reimbursed 00
 HR Approval Seemita Parida Date 18/10/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JITENDRA NARAYN BISWAL
 Date of Conference/workshop/Seminar 18/10/2017
 Name of Conference "Reliability and Maintenance Engineering" Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 1500/-
 Boarding expenses 1500/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 7000/-
 Employee Signature Jitendra Narayan Date 19/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 19/10/2017
 I recommended: Yes/No Yes

Principal Signature Sudhanu Sekhara Khuntia

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Reimbursement Approved? Yes No Dated Requisition _____
 Amount Reimbursed 7000/- Amount Un-reimbursed 00
 HR Approval [Signature] Date 19/10/2017



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Suraj Kumar Patel

Date of Conference/workshop/Seminar 25-7-17

Name of Conference National Seminar on Vibration and Noise Method of Analysis. Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 5000/-

Employee Signature Suraj K. Patel Date 25/7/17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 26/7/2017

I recommended: Pradyumn Kumar Swain
Yes/No

Principal Signature Sudhakar Sechar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 5000/- Datatel Requisition _____
Amount Un-reimbursed 00/-
HR Approval Saimita Jaiswal Date 26/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sanjeet Raj
 Date of Conference/workshop/Seminar 27.7.2017 - 28-7-2017
 Name of Conference National Conference on Recent Trends in Engg & Material science Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000
 Travel Expenses 2000/-
 Boarding expenses 1000
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement _____

Employee Signature Sanjeet Raj Date 29/7/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 29/7/2017
Pradyut Kumar Sami

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 7000/- Amount Un-reimbursed 80/-
 HR Approval [Signature] Date 29/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Babita Meher

Date of Conference/workshop/Seminar 2.8.2017

Name of Conference National Conference on Changing Scenario in Energy and Environment Location Orissas, Cutack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement _____

Employee Signature Babita Meher Date 3/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 8/8/2017

I recommended: Pradyut Kumar Swain
Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500 Amount Un-reimbursed 80

HR Approval Selmita Parida Date 2/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Smruti rekha Giri

Date of Conference/workshop/Seminar 3/8/2017

Name of Conference International Conference of Nanocomposites Material Location NET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3500/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 5500/-

Employee Signature Smruti rekha Giri Date 4/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 4/8/2017

I recommended: Pradyot Kumar Saha
Yes/No

Principal Signature Sudhakar Sekhar Khatua

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Sasmita Parid Date 4/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bhagyashree, Panda
 Date of Conference/workshop/Seminar 17/8/2017
 Name of Conference National Conference Pulse Detonation Engine Location GITAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 2000/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ----- amount-----

Total expense submitted for reimbursement -----

Employee Signature Bhagyashree Panda Date 18/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 18/8/2017
Pradyut Kumar Sami

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 7000/- Amount Un-reimbursed 00
 HR Approval Saimita Parida Date 18/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Alok SUNDER MOHANTY

Date of Conference/workshop/Seminar 18/8/2017

Name of Conference International Conference "Pneumatic Suspension System" Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 5500/-

Employee Signature Alok Sunder Mohan Date 19/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 19/8/2017

I recommended: Yes
Yes/No

Principal Signature Sudhaneu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500 Amount Un-reimbursed 00

HR Approval Seemika Parida Date 19/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SARAT KUMAR MISHRA

Date of Conference/workshop/Seminar 22.8.2017

Name of Conference International Conference Study of Aluminium & Graphite Composite

Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 6000/-

Employee Signature Sarat Mishra Date 23/8/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 23/8/2017

I recommended: Pradyot Kumar Mishra
Yes/No

Principal Signature Sudhansu Sekhar Khentel

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Reimbursement Approved? Yes No
Amount Reimbursed 6000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Sesmita Parida Date 23/8/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. HIMANSU SEKHAR MOHARANA
 Date of Conference/workshop/Seminar 3.1.2017 - 7.1.2017
 Name of Conference Workshop "machinability of Materials, Composite Materials" Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 2000/-
 Boarding expenses 500/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 6500/-
 Employee Signature Himansu Sekhar Moharana Date 8/7/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 8/7/2017

I recommended: Pradyut Kumar Saha
Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No
 Amount Reimbursed 6500/- Datatel Requisition _____
 Amount Un-reimbursed 0
 HR Approval Saimita Parida Date 8/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bidyuta Ranjan Rout
 Date of Conference/workshop/Seminar 24.7.2017
 Name of Conference International Conference on Research opportunities in Noise, Vibration & Harshness Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
 Travel Expenses 1500/-
 Boarding expenses 1000/-
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 6500

Employee Signature Bidyuta Rout Date 25/7/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 25/7/2017

I recommended: Yes/No Yes

Principal Signature [Signature]

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Reimbursement Approved? Yes No
 Amount Reimbursed 6500 Datatel Requisition _____
 Amount Un-reimbursed 0
 HR Approval Sasmita Parida Date 25/7/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANUSAYA NANDA
Date of Conference/workshop/Seminar 21/02/2018
Name of Conference Workshop on Theory and Application of Prediction and wear Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 1000/-
Boarding expenses 2000/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00
Total expense submitted for reimbursement 6000/-

Employee Signature Anusaya nanda Date 22/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 22/02/2018

I recommended: Pradyut Kumar Samr
Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No
Amount Reimbursed 6000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Salmata Parida Date 22/02/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ARUN KUMAR JENA

Date of Conference/workshop/ Seminar 23/01/2018

Name of Conference National Seminar on system dynamics and simulation Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Arun Kumar Jena Date 26/01/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 26/01/2018

I recommended: Yes Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6000/- Amount Un-reimbursed 00
HR Approval Saimita Parida Date 26/01/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SUNITA BAL

Date of Conference/workshop/ Seminar 24/10/2017

Name of Conference National Seminar on "Structural strength and Robustness" Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 2500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Dr. Sunita Bal Date 25/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 25/10/2017

I recommended: Pradyut Kumar Saha
Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000/-

HR Approval Sunita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 25/10/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SAMIT KUMAR ACHARYA

Date of Conference/workshop/Seminar 07/02/2018

Name of Conference National Conference on (system science & system engineering) Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000 /-

Travel Expenses 1500 /-

Boarding expenses 2000 /-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6000 /-

Employee Signature Samit Kumar Acharya Date 08/02/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 08/02/2018

I recommended: Pradyut Kumar Samin
Yes/No

Principal Signature [Signature]

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000 /-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 08/02/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. GIRIJA PRASAD SAHOO

Date of Conference/workshop/ Seminar 19/10/2017

Name of Conference International Conference on Reverse Engineering Location BCE, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 500/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Girija Prasad Sahoo Date 20/10/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 20/10/2017

I recommended: Pradyot Kumar Sahu
Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 20/10/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Araya Kumar Baliaarsingh
Date of Conference/workshop/Seminar 5.2.2017 - 10.2.2017
Name of Conference Five days National Conference on
importance of solar power cell's Location GIET, BBSR
plane.

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1500/-
Boarding expenses 1000/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source AID amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Araya Kumar Baliaarsingh Date 11.2.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 11/2/17

I recommended: Yes/No

Principal Signature Sadhana Sekhan Khudra

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Reimbursement Approved? Yes No Date of Requisition _____
Amount Reimbursed 6500/- Amount Un-reimbursed 00
HR Approval Saumita Parida Date 11/7/17



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Asaya Kumar Beera

Date of Conference/workshop/Seminar B.B. 2017 - 19.8.2017

Name of Conference Two days international conference on Solid waste management system Location HITE BBLR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Asaya Kumar Beera Date 10.8.2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 10/8/16

I recommended: Yes/No

Principal Signature Sudhansu Lekhan Khuntia

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Reimbursement Approved? Yes No Datatec Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 10/8/16



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RUPALIKA DALH

Date of Conference/workshop/Seminar 9.8.2018

Name of Conference International conference on scram jet engine for hypersonic flight Location EAST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NA amount NO

Total expense submitted for reimbursement 6500/-

Employee Signature Rupalika Dalh Date 10.8.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prayashank Saha Date 09.08.2018

I recommended: Yes/No

Principal Signature Sudhakar Saha Khuntia

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Reimbursement Approved? Yes ___ No ___ Date of Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 1500/-

HR Approval Carmita Parida Date 10/8/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SHAIK MOZAMMIL

Date of Conference/Workshop/Seminar 14.9.2017

Name of Conference National Seminar on Mechanical Reliability Theory and Engineering Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3500/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 5500/-

Employee Signature Mr. Shaik Mozammil Date 15/9/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 14/9/2017

I recommended: Yes/No

Principal Signature Sudhakar Lakshar Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Salmata Panda Date 14/9/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRADIPTA KUMAR DAS

Date of Conference/workshop/Seminar 1.9.2017

Name of Conference National Seminar on Material Engineering Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 5000/-

Employee Signature Pradipta Kumar Das Date 2/9/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradipta Kumar Das Date 2/9/2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 00

HR Approval Saima Parida Date 2/9/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JAPAN KUMAR MOHANTY

Date of Conference/Workshop/Seminar 18.9.2017

Name of Conference National Seminar on Mechanical Green Innovation Theory and Application Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 2000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 6500/-

Employee Signature Japan Kumar Date 19/9/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 19/9/2017

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khentia

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Reimbursement Approved? Yes No _____

Amount Reimbursed 6500/-

HR Approval Selmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 19/9/2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. PRAKASH CHANDR SAHU

Date of Conference/workshop/Seminar 5/6/2018

Name of Conference INTERNATIONAL CONFERENCE ON MODELING AND SIMULATION OF ELECTRICAL SYSTEM Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature MR. PRAKASH CHANDRA SAHU Date 6/6/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 6/6/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Choudhary

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed _____

HR Approval Salmita Parida Date 6/6/2018



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SUBHENDU SEKHAR SAHOO

Date of Conference/workshop/Seminar 4/8/2018

Name of Conference National conference advance in sustainable Energy and computing COA University. Location _____

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature MR. SUBHENDU SEKHAR SAHOO Date 5/8/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 5/8/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Chhetri

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed _____

HR Approval Salmata Parida Date 5/8/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SOMNATH MISHRA

Date of Conference/workshop/Seminar 11/6/2016

Name of Conference IEEE International conference on Advance in power signal, and information technology Location ITER, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature MR. SOMNATH MISHRA Date 12/6/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 12/6/2016

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed _____

HR Approval [Signature] Date 12/6/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ARAVINDA MAHAPATRA

Date of Conference/workshop/Seminar 18/6/2018 - 20.6.2018

Name of Conference A 3-day workshop on control panel designing & field instrumentation Location CET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature ARAVINDA MAHAPATRA Date 19/6/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 19/6/2018

I recommended: Yes/No

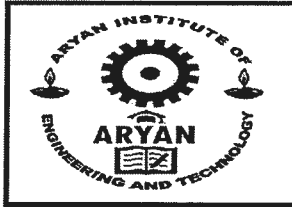
Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed _____

HR Approval Saimita Parida Date 19/6/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BALDYANATH MOHANTY
Date of Conference/workshop/Seminar 26/6/2018
Name of Conference International conference on Efficiency Distribution System Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature BALDYANATH MOHANTY Date 27/6/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

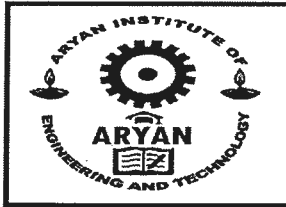
HOD Signature Ajit Kumar Panda Date 27/6/2018

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5000/- Amount Un-reimbursed _____
HR Approval Saemita Parida Date 27/6/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABHISHAKE MOHANTY

Date of Conference/workshop/ Seminar 2/7/2016

Name of Conference National conference on "Real Time Simulation, road map for RE grid and Smart grid, international in mcnag Nd Location EATM/BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature ABHISHAKE MOHANTY Date 3/7/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 3/7/2016

I recommended: Yes/No

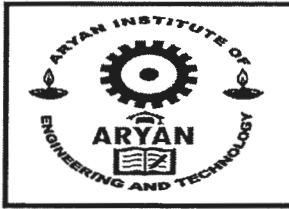
Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed _____

HR Approval Salmita Parida Date 3/7/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANJEV KUMAR MISHRA
Date of Conference/workshop/Seminar 23/7/2018
Name of Conference National Conference "Smart energy system and technology" Location DRIMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature SANJEV KUMAR MISHRA Date 24/7/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 24/7/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No _____
Amount Reimbursed 5500/- Datatel Requisition _____
Amount Un-reimbursed _____
HR Approval Saimona Parida Date 24/7/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KRUSHNA KESHAB BARUA

Date of Conference/workshop/Seminar 23/7/2018

Name of Conference National conference on "Smart energy system and technology" Location DRIMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 50

Total expense submitted for reimbursement 5500/-

Employee Signature KRUSHNA KESHAB BARUA Date 24/7/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Date 24/7/2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Chentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed _____

HR Approval Salmita Parida Date 24/7/2018



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. MOUSUMI PANDA

Date of Conference/workshop/Seminar 9/7/2018-10/7/2018

Name of Conference TWO day WORK SHOP on energy course, for Sustainable development
NEED: Techenology powered. Location C.E.C. Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature DR MOUSUMI PANDA Date 10/7/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 10/7/2018

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed _____

HR Approval Saimita Parida Date 10/7/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SASMITA PARIDA

Date of Conference/workshop/Seminar 26/11/2018

Name of Conference National Seminar on Industrial Electronics & Sustainable System Location ORIENTS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature SASMITA PARIDA Date 27/11/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panigrahy Date 27/11/2018

I recommended: Yes/No

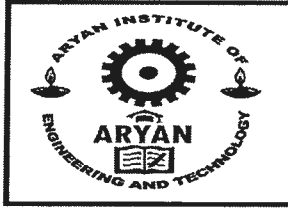
Principal Signature Sudhakar Sekhar Chandra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition 27/11/2018

Amount Reimbursed 7000/- Amount Un-reimbursed _____

HR Approval Sasmita Parida Date 27/11/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBENDRA KUMAR SAHOO
Date of Conference/workshop/ Seminar 06/07/2018
Name of Conference Workshop on Application of soft
Computing in power system Location ITER, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1250/-

Boarding expenses 1250/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Deendra Kumar saho Date 07/07/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panigrahi Date 07/07/2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500/- Amount Un-reimbursed 00
HR Approval Saimita Parida Date 07/07/2018



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUBHASISH MOHANTY
Date of Conference/workshop/Seminar 05/06/2018
Name of Conference International conference on modeling and simulation of electrical systems using Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3500/-

Travel Expenses 1750/-

Boarding expenses 1750/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Subhasish Mohanty Date 06/06/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 06/06/2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Chandra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Samita Parida Date 06/06/2018



ARYAN INSTITUTE OF ENGINEERING & TECHNOLOGY

Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SWARNA MANJARI SAMAL

Date of Conference/workshop/ Seminar 04/08/2018

Name of Conference National conference on Advances in Sustainable energy and Computing Location SOA University

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 50

Total expense submitted for reimbursement 7000/-

Employee Signature Swarna manjari samal Date 05/08/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 05/08/2018

I recommended: Yes/No

Principal Signature Sankaranu Sekhar Chentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 7000/- Datatel Requisition

HR Approval Saimita Parida Date 05/08/2018

Amount Un-reimbursed 50



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJIT KUMAR PANDA

Date of Conference/workshop/Seminar 11/06/2018

Name of Conference IEEE international conference on advances in power, signal, and information technology Location ITER, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 1750/-

Boarding expenses 1750/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 8550/-

Employee Signature Ajit Kumar panda Date 12/06/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar panda Date 12/06/2018

I recommended: Yes/No

Principal Signature Sudhanku Sekhar Khentia

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Reimbursement Approved? Yes No

Amount Reimbursed 6550/-

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 12/06/2018



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBASISH MISHRA
Date of Conference/workshop/ Seminar 18/06/2018
Name of Conference A 3-day workshop on Control panel designing & field instruments Location CET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000/-
Travel Expenses 1750/-
Boarding expenses 1750/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Debasish Mishra Date 19/06/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 19/06/2018

I recommended: Yes/No

Principal Signature Sudhanu Senbani Chandra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500/- Amount Un-reimbursed 00
HR Approval Saonita Parida Date 19/06/2018



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJANTA PRIYADARSHINEE

Date of Conference/workshop/Seminar 26/06/2018

Name of Conference International conference on efficient distribution systems Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature Ajanta priyadarshinee Date 27/06/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 27/06/2018

I recommended: Yes/No

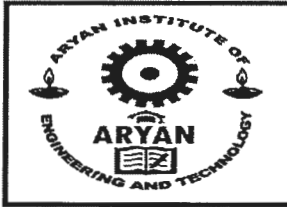
Principal Signature Sudhanshu Sekhar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 27/06/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DILLIP KUMAR NAYAK

Date of Conference/workshop/Seminar 02/07/2018

Name of Conference National conference on Real time Simulation, Roadmap for RE grid integration in microgrid and smart grid Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Dillip Kumar Nayak Date 03/07/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

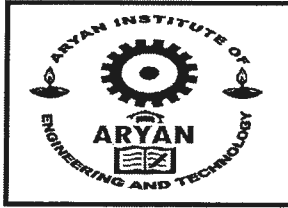
HOD Signature Ajit Kumar Panda Date 03/07/2018

I recommended: Yes/No

Principal Signature Sudhane Sarchas Chuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500/- Amount Un-reimbursed 00
HR Approval Saemita Parida Date 03/07/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name HIMANBU SEKHAR MAHARANA

Date of Conference/workshop/ Seminar 09/07/2018

Name of Conference National conference on pneumatic suspension system Location MIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1250/-

Boarding expenses 1250/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Himansu Sekhar Maharana Date 10/07/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10/07/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No

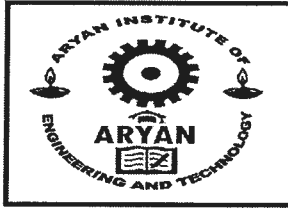
Datatel Requisition _____

Amount Reimbursed 5500/-

Amount Un-reimbursed 00

HR Approval Salmata Parida

Date 10/07/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. AJAYA KUMAR SWAIN

Date of Conference/workshop/ Seminar 23/07/2018

Name of Conference National conference smart energy system and technology Location DRIEMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1250/-

Boarding expenses 1250/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Ajaya Kumar Swain Date 24/07/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panigrahy Date 24/07/2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

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Reimbursement Approved? Yes No

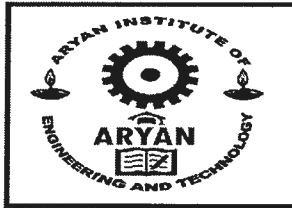
Amount Reimbursed 5500/-

HR Approval Geemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 24/07/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SRINIVAS

Date of Conference/Workshop/Seminar 09/07/2018

Name of Conference Two days workshop on renewable energy source for sustainable development; need technologies and policies Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature Dr. Srinivas Date 10/07/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10/07/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Sasmita Dasida Date 10/07/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. JYOTIRMAYA SATPATHY
Date of Conference/workshop/Seminar 10/09/2018
Name of Conference National Conference on "Power and energy application" Location NMIET, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 2600/-
Boarding expenses 2600/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature DR. JYOTI RAMYA SATPATHY Date 09/09/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 09/09/2018

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Ghentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500 Amount Un-reimbursed _____
HR Approval Salmata Parida Date 09/09/2018



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SILLA RAJUGOPAL

Date of Conference/workshop/Seminar 13/8/18

Name of Conference Workshop on Advance electrical and energy system Location GFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature DR. SILLA RAJUGOPAL Date 14/8/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 14/8/18

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

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Reimbursement Approved? Yes No _____

Amount Reimbursed 7000/- Amount Un-reimbursed _____

HR Approval Samita Parida Date 14/8/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABANI KUMAR MODULI

Date of Conference/workshop/Seminar 9/11/2019

Name of Conference National Seminar on "application of light weight material and characterization in Automobile Industry" Location LEC, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature ABANI KUMAR MODULI Date 10/11/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10/11/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed _____

HR Approval Saumita Parida Date 10/11/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR TRIPATHY

Date of Conference/workshop/Seminar 10/9/2018

Name of Conference National Conference on Nanotechnology - Next Science Frontiers Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature SUNIL KUMAR TRIPATHY Date 11/09/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 11/09/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed _____

HR Approval Salmata Parida Date 11/09/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR MAHAPATRO

Date of Conference/workshop/Seminar 17/09/2018

Name of Conference National conference on narrowband powerline communication Location MIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature SUNIL KUMAR MAHAPATRA Date 18/09/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 18/09/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Chentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed _____

HR Approval Samita Parida Date 18/09/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANAM DEVI

Date of Conference/workshop/ Seminar 19/9/2018

Name of Conference National Conference on 'Neutral network' Location DRIEMC, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature SANAM DEVI Date 20/9/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 20/9/2018

I recommended: Yes/No

Principal Signature Indrabendu Chandra Khuntia

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Reimbursement Approved? Yes No Datatel Requisition

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Saemita Parida Date 20/9/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. NABANIT PANIGRAHI
Date of Conference/workshop/Seminar 6/7/2018
Name of Conference WORKSHOP & APPLICATION OF SOFT-COMPUTING IN POWER SYSTEM Location ITER, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature DR. NABANIT PANIGRAHI Date 7/10/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Apit Kumar Panda Date 7/10/2018

I recommended: Yes/No

Principal Signature Sudhansu Sechar Chandra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500/- Amount Un-reimbursed 00
HR Approval Saimita Parida Date 7/10/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRIYA CHANDAN SATPATHY

Date of Conference/workshop/Seminar 8/8/18

Name of Conference International Conference on Artificially Engineering Materials Composites Location BATM Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Priya Chandan Satpathy Date 9/8/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Priya Chandan Satpathy Date 07.08.18

I recommended: Yes/No

Principal Signature Sudhansu Sekhon Khuntia

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 50

HR Approval Samita Parida Date 09/8/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRAVAT KUMAR SUBUDHI

Date of Conference/workshop/ Seminar 02-07-2018

Name of Conference International Conference on Nano-Electronics Devices: FETs And Tunnel FETs Location DRIEMS, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Pravat Kumar Subudhi Date 03-07-2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Charan Sahu Date 03-07-2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 500/-

HR Approval Samita Panda Date 03/07/2018

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SUDHANSU SEKHAR KHUNTIA

Date of Conference/workshop/Seminar 3/7/18

Name of Conference National conference on Advanced energy materials and research Location GIET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Sudhansu Sekhar Khuntia Date 4/7/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Chandra Saha Date 04.07.18

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

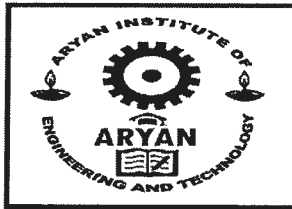
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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed Nil

HR Approval Sushmita Panda Date 4/8/2018

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MADHULITA MAHAPATRA

Date of Conference/workshop/Seminar 26/11/18

Name of Conference National seminar on system integration for automation plc-SCADA Application in Industries Location GIET, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Madhulita Mahapatra Date 27/11/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 27/11/18

I recommended: Yes/No

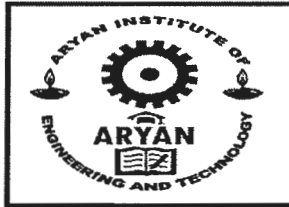
Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Candona Parida Date 27/11/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name IPSITA SAMAL

Date of Conference/workshop/Seminar 10/09/18

Name of Conference National conference on Innovation in Information and Communication Technology. Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1500

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500

Employee Signature Ipsita Samal Date 11/09/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 11/09/18

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11/09/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRASANT KUMAR SAHOD

Date of Conference/workshop/Seminar 07/02/19

Name of Conference International conference on ROLES of ROBOTS AND ITS AUTOMATION TO MILITARY Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2500

Boarding expenses 1000

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Prasant Kumar Sahod Date 08/02/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 08/02/19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

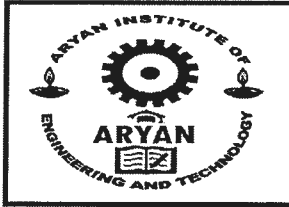
Amount Reimbursed 6500

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 08/02/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KHAGESWAR JENA
Date of Conference/workshop/Seminar 12/09/18
Name of Conference NATIONAL CONFERENCE ON "APPLICATION USES OF NANO-COMPOSITE MATERIALS" Location G.I.E.T., BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Khageswar Jena Date 13/09/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

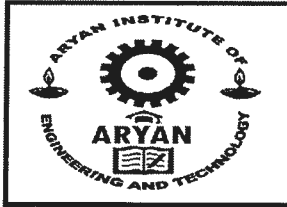
HOD Signature [Signature] Date 13/09/18

I recommended: Yes/No

Principal Signature Sudhansu Selchar Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 7000 Amount Un-reimbursed 00
HR Approval Calmita Parida Date 13/09/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SHAHENAZ PARWEEN
Date of Conference/workshop/Seminar 21/02/19
Name of Conference National conference of "ADVANCED COMPOSITE MATERIALS" Location CEB, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2500

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Shahenaz Parween Date 22/02/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

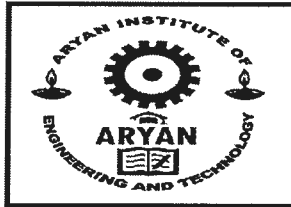
HOD Signature [Signature] Date 22/02/19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval Salmata Parida Date 22/02/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RANJIT KUMAR NAYAK
Date of Conference/workshop/Seminar 05/03/19
Name of Conference WORKSHOP ON APPLICATION ON OIL GAS TO THE SOCIETY Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2500

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500

Employee Signature Ranjit Kumar Nayak Date 06/03/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 06/03/19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No
Amount Reimbursed 6500/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Salmiya Parida Date 06/03/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SWAGATIKA PANDA

Date of Conference/workshop/ Seminar 26/11/18

Name of Conference National seminar on Hyper-Threading technology Location DRIFMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000

Employee Signature Dr. Swagatika Panda Date 27/11/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 27/11/18

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khandaita

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Reimbursement Approved? Yes No

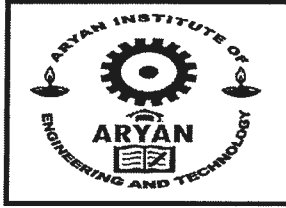
Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 27/11/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MAHESWARI RASMITA NATH
Date of Conference/workshop/Seminar 06/03/19
Name of Conference National conference on "Advanced micro-controller and micro processors" Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000

Employee Signature Maheswari Rasmita Nath Date 07/03/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 07/03/19

I recommended: Yes/No

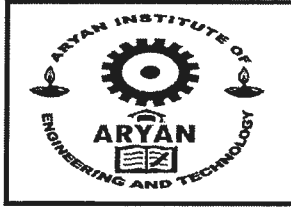
Principal Signature Sarat Kumar Mohra

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5000 Amount Un-reimbursed 00

HR Approval Salmiya Parida Date 07/03/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BHAGABAN SRI RAMAKRISHNA

Date of Conference/workshop/Seminar 08/05/18

Name of Conference International conference on "Recent Technological Development in electronics and Electrical engineering." Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1500

Boarding expenses 1500

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Bhagaban Sri Ramakrishna Date 09/05/18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 09/05/18

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes No

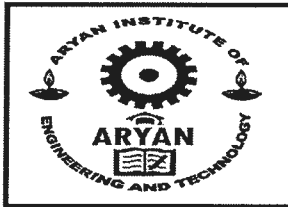
Datatel Requisition _____

Amount Reimbursed 6000

Amount Un-reimbursed 00

HR Approval [Signature]

Date 09/05/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANKITA PANDA
Date of Conference/workshop/Seminar 09/01/19
Name of Conference National seminar on "Cloud computing Machine Learning I.O.T AND BIG DATA" Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2500

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500

Employee Signature Ankita Panda Date 10/01/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

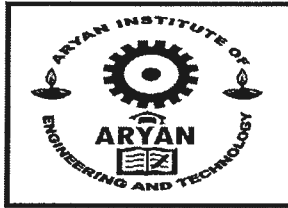
HOD Signature [Signature] Date 10/01/19

I recommended: Yes/No

Principal Signature Sarati Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval Sarmita Parida Date 10/01/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Sanjay Kumar Sanangi
 Date of Conference/workshop/ Seminar 18-01-19
 Name of Conference Low Power VPP Design Location CEC, BSR.
Service Data Communication

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 3000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Sanjay K. Sanangi Date 19-01-19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

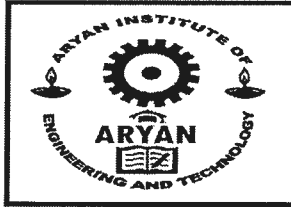
HOD Signature [Signature] Date 19-01-19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition 19-01-19
 Amount Reimbursed 7000/- Amount Un-reimbursed 00
 HR Approval Seemita Parida Date 19-01-19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Sangita pal
 Date of Conference/workshop/ Seminar 10-09-18
 Name of Conference Emerging Trends in speech image and video processing Tech refer. Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000
 Travel Expenses 2000
 Boarding expenses 2000
 Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Sangita pal Date 11-09-18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasanta Kumar Date 11-09-18

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

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Reimbursement Approved? Yes No _____
 Amount Reimbursed 7000/- Amount Un-reimbursed 00
 HR Approval Saimita Parida Date 11.09.18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SWAGATIKA PANDA

Date of Conference/workshop/ Seminar 26/11/2018

Name of Conference National Seminar on Hypoos- Threading technology Location DRIMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Swagatika panda Date 27/11/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasanna Mishra Date 27/11/2018

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Saemita Parida Date 27/11/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Matrajit Mohanty

Date of Conference/workshop/Seminar 20.12.2018

Name of Conference International conference on power generation check absorption Location MIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NID amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Matrajit Mohanty Date 21/12/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasanna Kumar Jena Date 21/12/18

I recommended: Yes/No

Principal Signature Sudhanda Sekhan Khuntia

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Reimbursement Approved? Yes ___ No ___ Datatec Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Sasmita Parida Date 21/12/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BABITA MEHER

Date of Conference/workshop/ Seminar 29.8.2018

Name of Conference National conference on important nano fluid to the engineering field, Location DRIEMS CUTACK

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 5500/-

Employee Signature Babita meher Date 30.8.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 30/8/18

I recommended: Yes/No

Principal Signature Rudransu Sekhar Khuntia

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Reimbursement Approved? Yes No _____ Datatec Requisition _____

Amount Reimbursed 5000/- Amount Un-reimbursed 00

HR Approval Saumita Parida Date 30/8/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ALOK SUNDAR MOHANTY
Date of Conference/workshop/Seminar 2018
Name of Conference International conference on solar power vehicle Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 1500/-
Boarding expenses 1000/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Alok Sundar Mohanty Date 4.7.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Samal Date 9/9/18

I recommended: Yes/No

Principal Signature Sudhendu Sekhan Khudia

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Reimbursement Approved? Yes ___ No ___ Datatec Requisition _____
Amount Reimbursed 6500/- Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 29/8/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BHAGYASHREE PANDA

Date of Conference/workshop/Seminar 30.8.2018

Name of Conference One day international conference on also absorption refrigeration system using engine exhaust. Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____

Total expense submitted for reimbursement 5500/-

Employee Signature Bhagyashree Panda Date 31.8.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 31/8/18

I recommended: Yes/No

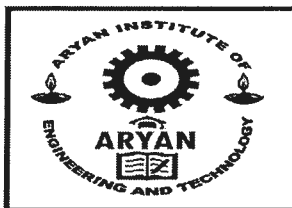
Principal Signature Rudransh Sekhan Khuntia

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Reimbursement Approved? Yes No _____ Datatec Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed 00

HR Approval Saimita Panda Date 31/8/18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. P. PAULAPANDIAN

Date of Conference/workshop/Seminar 21/8/2018

Name of Conference National Seminar on "The challenges in the automoving engines and emission sector" Location DRIMS, Cuttack
Geology and India.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature DR. P. PAULAPANDIAN Date 22/8/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Samal Date 21/8/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

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Reimbursement Approved? Yes No

Amount Reimbursed 7000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 000

Date 21/8/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. HIMANSHU SEKHAR MAHAPATRA

Date of Conference/workshop/Seminar 13/8/2018

Name of Conference Workshop on challenge and innovative practice in welding Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 2000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000/-

Employee Signature DR. HIMANSHU SEKHAR MAHAPATRA Date 14/8/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 14/8/2018

I recommended: Yes/No

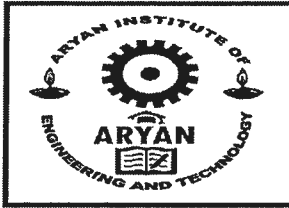
Principal Signature Sandhanee Sahoo Khuntia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Sarmita Parida Date 14/8/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRADDEPTA KUMAR DAS

Date of Conference/workshop/Seminar 16/08/2018

Name of Conference National conference on "Advanced Research & Innovations in mechanical engineering." Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature DR. PRADDEPTA KUMAR DAS Date 17/08/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 17/08/2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Akhanta

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 5500/-

HR Approval Sasmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 17/08/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SHAIK MOZAMMIL

Date of Conference/workshop/Seminar 23/8/2016

Name of Conference National conference on smart materials in digital manufacturing and industries Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature MR. SHAIK MOZAMMIL Date 24/8/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Samr Date 24/8/2016

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

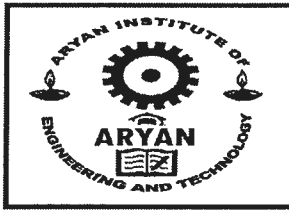
Amount Reimbursed 5000/-

HR Approval Sudhansu Khuntia

Datatel Requisition _____

Amount Un-reimbursed 00

Date 24/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. PRADUT KUMAR SWAIN,

Date of Conference/workshop/ Seminar 22/8/2016

Name of Conference National Seminar on: APPLICATION of light weight material and characterization in Automobile Industry Location CEC, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature MR. PRADUT KUMAR SWAIN Date 23/8/2016

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradut Kumar Swain Date 23/8/2016

I recommended: Yes/No

Principal Signature Sandhanu Sekhar Kheentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

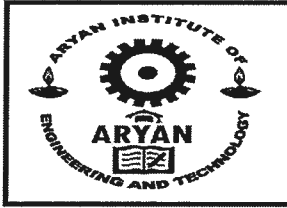
Amount Reimbursed 6500/-

HR Approval Somena Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 23/8/2016



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SARAT KUMAR MISHRA

Date of Conference/workshop/ Seminar 04.9.2018

Name of Conference workshop on characteristics of four stroke engine Location EATM, BBSR.

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Sarat Kumar Mishra Date 05.9.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sahoo Date 05.9.2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Chandra

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Reimbursement Approved? Yes No

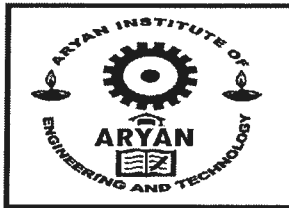
Amount Reimbursed 7000

HR Approval Sasmita Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 05.9.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANUSAYA NANDA

Date of Conference/workshop/ Seminar 22.2.2019

Name of Conference National seminar on mechanical GIFT, Bbsn Location

power engineering

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Anusaya nanda Date 23.2.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 23.2.2019

I recommended: Yes/No

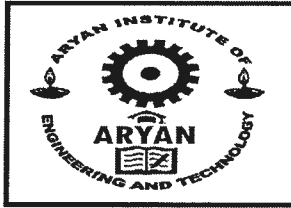
Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500 Amount Un-reimbursed 00

HR Approval Saimona Parida Date 23.2.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ARUN KUMAR JENA

Date of Conference/workshop/ Seminar 21.2.2019

Name of Conference workshop on material science and processing. Location CEC, Bbsn

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Arun Kumar Jena Date 22.2.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 22.2.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

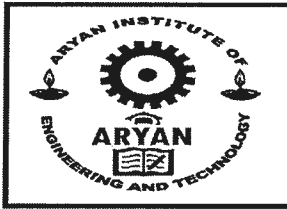
Amount Reimbursed 6500

HR Approval Sasmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 22.2.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SUNITA JENA

Date of Conference/workshop/Seminar 21.1.2014

Name of Conference NATIONAL CONFERENCE ON MARINE SYSTEM DESIGN. Location REC. BDSR

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature DR. SUNITA JENA Date 22.1.2014

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature P. Rajendra Kumar Jena Date 22.1.2014

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

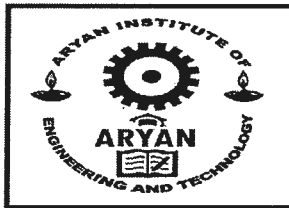
Amount Reimbursed 6500

HR Approval Salmiya Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 22.1.2014



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PILI KUMARI SAHOO

Date of Conference/workshop/ Seminar 18.1.2019

Name of Conference national seminar on manufacturing system engineering Location A.I.E.T. BBSR.

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Pili Kumari Sahoo Date 19.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Samal Date 19.1.2019

I recommended: Yes/No

Principal Signature Sarati Kumar Mishra

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Reimbursement Approved? Yes ✓ No _____

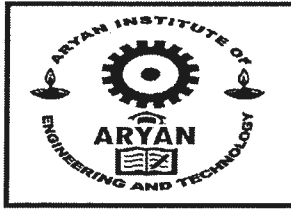
Amount Reimbursed 6000

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 19.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANJEET RAJ

Date of Conference/workshop/ Seminar 15.1.2019

Name of Conference National seminar on mechanical Location GEC, BBSX

reliability Theory and engineering

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Sanjeet Raj Date 16.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 16.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No _____

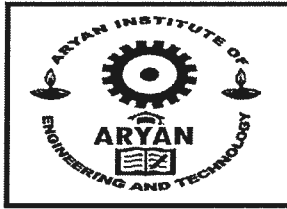
Amount Reimbursed 6000

HR Approval Caonita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 16.1.2019



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JITENDRA NARAYN BISWAL

Date of Conference/workshop/ Seminar 11.1.2019

Name of Conference international conference on Location BCE, BBSR
manufacturing and production processes

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Jitendra Narayan Biswal Date 12.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 12.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mohra

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Reimbursement Approved? Yes No

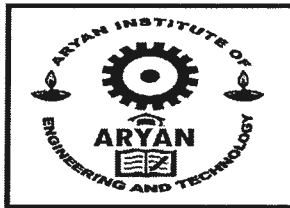
Amount Reimbursed 6000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 12.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RUPALIKA DASH

Date of Conference/workshop/ Seminar 24.12.2018

Name of Conference National seminar on Location AIET, BBSR
Fuels and combustion,

Expenses Submitted for Reimbursement

Registration Fees 3500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature Rupalika Dash Date 25.12.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Das Date 25.12.2018

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

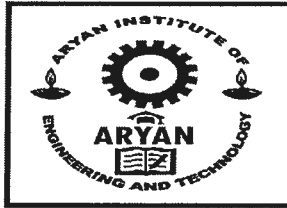
Amount Reimbursed 5500

HR Approval Somita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 25.12.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AIAYA KUMAR BEURA

Date of Conference/workshop/ Seminar 21.12.2018

Name of Conference workshop on dynamics and vibration. Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Ajaya Kumar beura Date 22.12.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 22.12.2018

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

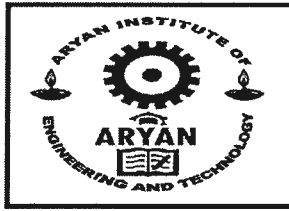
Amount Reimbursed 7000

HR Approval Sannita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 22.12.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RAJ KISHORE DAS

Date of Conference/workshop/ Seminar 7.12.2018

Name of Conference NATIONAL CONFERENCE ON Location REC. BPSX.
COMPUTATION MECHANICS.

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Raj Kishore Das Date 8.12.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Das Date 8.12.2018

I recommended: Yes/No

Principal Signature Sarav Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

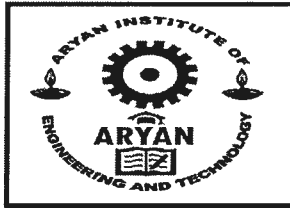
Amount Reimbursed 6000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 8.12.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SATCHIDANANDA MOHANTY

Date of Conference/workshop/ Seminar 5.12.2018

Name of Conference National seminar on vibration Location GIET, bbsr

noise analysis and control

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1500

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature satchidananda mohanty Date 6.12.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Date 6.12.2018

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 5500

HR Approval Salmata David

Datatel Requisition _____

Amount Un-reimbursed 00

Date 6.12.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JAGDISH PRADHAN

Date of Conference/workshop/ Seminar 24.10.2018

Name of Conference national seminar on vehicle GEC, bbsr. Location
Dynamic performance simulation

Expenses Submitted for Reimbursement

Registration Fees 5000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)=

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature jagdish pradhan Date 25.10.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

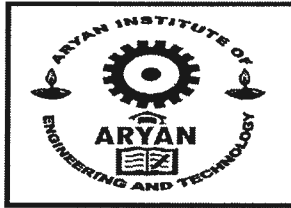
HOD Signature [Signature] Date 25.10.2018

I recommended: Yes/No

Principal Signature [Signature]

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Reimbursement Approved? Yes [checked] No
Amount Reimbursed 7000 Amount Un-reimbursed 00
HR Approval [Signature] Date 25.10.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name CHANDRABHANU MALLA

Date of Conference/workshop/ Seminar 19.10.2018

Name of Conference International conference on Location BCE . bbsr.

Reverse engineering

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature chandrabhanu malla Date 20.10.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 20.10.2018

I recommended: Yes/No

Principal Signature Sudhansu Leelhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

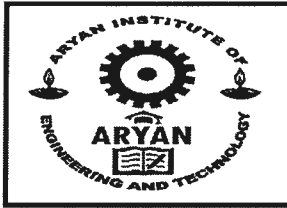
Amount Reimbursed 6500

HR Approval Smita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 20.10.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AVAYA KUMAR BALIARSINGH

Date of Conference/workshop/ Seminar 18.10.2018

Name of Conference workshop on- transportation system. Location GITA, bbsr.

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Avaya kumar Baliarsingh Date 19.10.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Smt Date 19.10.2018

I recommended: Yes/No

Principal Signature Sudhansu Chandra Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

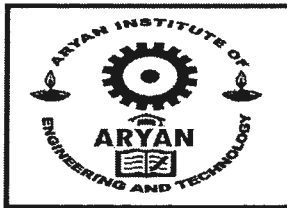
Amount Reimbursed 6500

HR Approval Saumita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 19.10.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SURAJ KUMAR PATEL

Date of Conference/workshop/ Seminar 19.8.2018

Name of Conference International conference on study driems cuttack
Location of unconventional manufacturing process.

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000

Employee Signature SURAJ KUMAR PATEL Date 20.8.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sin Date 20.8.2018

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

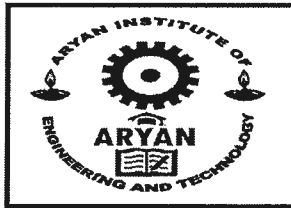
Amount Reimbursed 5000

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 20.8.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BIDYUTA RANJAN ROUT

Date of Conference/workshop/ Seminar 12.9.2018

Name of Conference National conference on intelligent Location HIT, bbsr
Reverse braking system at hit

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Bidyuta Ranjan rout Date 13.9.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 13.9.2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

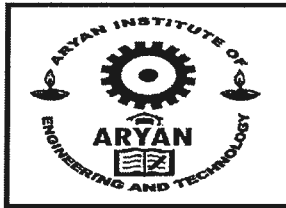
Amount Reimbursed 6500

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13.9.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMRUTIREKHA GIRI
Date of Conference/workshop/ Seminar NATIONAL SEMINAR ON T 17.10.2017
Name of Conference NATIONAL SEMINAR ON TOTAL QUALITY Location AJET, BSKR
management and quality engineering

Expenses Submitted for Reimbursement

Registration Fees 4500

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature smrutirekha giri Date 18.10.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

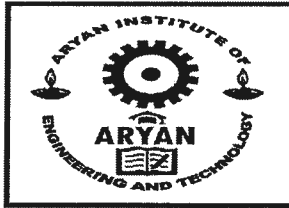
HOD Signature Pradyut Kumar Jena Date 18.10.2017

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No
Amount Reimbursed 6500 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Sanjay Panda Date 18.10.2017



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JAPAN KUMR MOHANTY

Date of Conference/workshop/ Seminar 11.9.2018

Name of Conference International conference on Location AIET, Bbsr.

ADVANCEMENT OF FRICTION Stir welding

Expenses Submitted for Reimbursement

Registration Fees 4000

Travel Expenses 1500

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Japan kumr Mohanty Date 12.9.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Date 12.9.2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

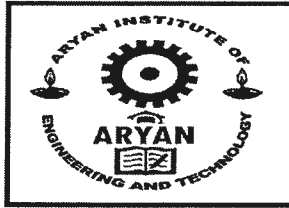
Amount Reimbursed 6500

HR Approval Geemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 12.9.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Atu
Date of Conference/workshop/Seminar 16.1.2019
Name of Conference Durability and Reliability Location NMEEET, BBSR
of structure/mechanics conference

Expenses Submitted for Reimbursement

Registration Fees 3000
Travel Expenses 2000
Boarding expenses 1500
Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500

Employee Signature Dr. Atu Date 17.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

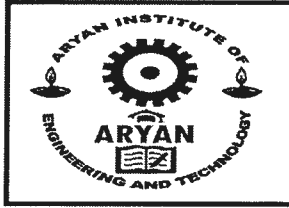
HOD Signature Dr. Bhupatami Bhina Rao Date 17.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No _____
Amount Reimbursed 6500 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Salmata Parrita Date 17.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Akashprava Panda
Date of Conference/workshop/ Seminar 8.04.2019
Name of Conference Performance based design Location GIET, BBSR
In Earthquake Geotechnical Engineering

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5000

Employee Signature Akashprava Panda Date 9.04.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

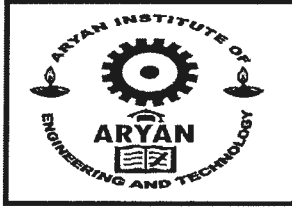
HOD Signature Parshurami Bhina Rao Date 9.04.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5000/- Amount Un-reimbursed 00
HR Approval Saemita Parida Date 9.04.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sukumar Joshi

Date of Conference/workshop/ Seminar 7-02-2019

Name of Conference Parametric Design Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1700/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6700

Employee Signature Sukumar Joshi Date 08-02-2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Paphepaduni Blina Rao Date 08-02-2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 6700

HR Approval Saimita Parida

Datatel Requisition 08-02-2019

Amount Un-reimbursed 00

Date 8.02.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. RAGHUPATRUNI BHIMA RAO
Date of Conference/workshop/Seminar 4.8.2018
Name of Conference International conference on CAUSE of STRUCTURE FAILURE Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500

Employee Signature Dr. Raghupati Panda Date 5.8.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupati Bhima Rao Date 5.8.2018

I recommended: Yes/No

Principal Signature Sathinagar Sekhara Khennada

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Reimbursement Approved? Yes No Datatel Requisition
Amount Reimbursed 5500/- Amount Un-reimbursed 00
HR Approval Saemita Parida Date 5.8.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SHRADANANDA GHADGI

Date of Conference/workshop/Seminar 14.8.2018

Name of Conference International Conference on BUILDING PLANNING AND DRAWING Location ~~14.8.2018~~ GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Shradananda Ghadgi Date 15.8.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Leelaprasanna Ghimshia Date 15.8.2018

I recommended: Yes/No

Principal Signature Sudhansu Leelaprasanna Ghimshia

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 15.8.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. ATUL

Date of Conference/workshop/ Seminar 10.1.2019

Name of Conference National conference on Durability and reliability of structural mechanics conference. Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Dr. Atul Date 17.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Papshya Pradip Choudhary Date 17.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 17.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BARODA PRASANNA SAHOO

Date of Conference/workshop/Seminar 7.2.2019

Name of Conference Workshop on Parametric design Optimization Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1700/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6700/-

Employee Signature Baroda Prasanna Sahoo Date 8.2.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pachyadamuni Shimala Date 8.2.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 6700/- Amount Un-reimbursed _____

HR Approval Saimita Parida Date 8.2.2019



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SOURAV DEBASISH
Date of Conference/workshop/Seminar 15.3.2019
Name of Conference National conference on paramedic design and optimization Location EAST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Dr. Sourav Debasish Date 16.3.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Deepapadmi Mishra Date 16.03.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 6500 Amount Un-reimbursed 00
HR Approval Samita Parida Date 16.3.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MURARI PRASADA PANDA

Date of Conference/workshop/Seminar 3.1.2019

Name of Conference International conference on PARAMETRIC DESIGN Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Murari Prasada Panda Date 4.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Poojapatri Bhisma Rao Date 4.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Salmata Panda Date 4.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JYOTIRMAYEE PANDA
Date of Conference/workshop/Seminar 7/1/2019
Name of Conference International conference on ROBOTICS in construction Industry conference Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Jyotirmayee Panda Date 8.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyapamuni Mishra Date 8.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition
Amount Reimbursed 5500/- Amount Un-reimbursed 00
HR Approval Salmita Parida Date 8.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name FLORA DAS

Date of Conference/workshop/ Seminar 16/08/2018

Name of Conference Workshop on Advance seismic Damage Control and mitigation Effect of Structure Location GIET BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500

Boarding expenses 500/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5,000

Employee Signature FLORA DAS Date 17/08/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupati Bhinaka Date 17/08/2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No Amount Reimbursed 5,000/- Amount Un-reimbursed 00 HR Approval Saemita Parida Date 17/08/2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Smita Sahoo

Date of Conference/workshop/Seminar 15.1.2019

Name of Conference Workshop on PNEUMATIC SUSPENSION SYSTEM Location GIFT BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Smita Sahoo Date 16.1.20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupama Bhinikar Date 16.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [X] No

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Saemita Parida Date 16.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. MADHABA CHANDRA ROUT
Date of Conference/workshop/Seminar 18.1.2019
Name of Conference Workshop on Advance seismic damage control mitigation
Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 1500/-
Boarding expenses 500/-
Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature Dr. madhaba chandra rout Date 19.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Padmapatni Bhatia Date 19.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 5000/-
HR Approval Samita Parida
Datatel Requisition
Amount Un-reimbursed 00
Date 19.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUCHISMITA SATPATHY

Date of Conference/workshop/ Seminar 22.1.2019

Name of Conference National Seminar on Natural Technologies at Waste Water Treatment Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Suchismita Satpathy Date 22.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Debendra Kumar Mishra Date 22.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval Samita Parida Date 22.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SAMPAD KUMAR PRADHAN
Date of Conference/workshop/Seminar 23.1.2019
Name of Conference International conference on Deep foundation and ground improvement Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 2000/-
Boarding expenses 500/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount ∞

Total expense submitted for reimbursement 5500/-

Employee Signature Sampad Kumar Pradhan Date 24.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pachyadmi Bhina Rao Date 24.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 5500/- Amount Un-reimbursed 00
HR Approval Salmata Parida Date 24.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NEHA SEN

Date of Conference/workshop/ Seminar 24.1.2019

Name of Conference National conference on Geotechnical aspects of underground construction in soft ground Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Neha Sen Date 25.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pashupati Prasad Bhamra Date 25.1.2019

I recommended: Yes/No

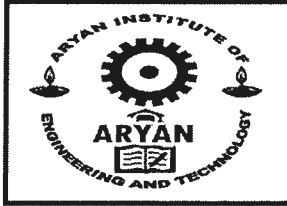
Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 25.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUBHENDU SEKHAR SAHOO
Date of Conference/workshop/Seminar 5.2.2019
Name of Conference International conference on new Development in Soil mechanics and Geotechnical Engineering Location MIET Cuttack, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 4000/-

Employee Signature Subhendu Sekhar Sahoo Date 6.2.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

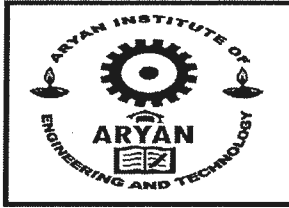
HOD Signature Pachupati Mishra Rao Date 6.2.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 4000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saranta Parida Date 6.2.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. NIRMAL KUMAR SAHOO

Date of Conference/workshop/ Seminar 6.2.2019

Name of Conference National conference on Performance based design in earthquake resistant Engineering Location CITAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature Dr. Nirmal Kumar Sahoo Date 7.2.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Papayadrami Bhimaloo Date 7.2.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mitra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

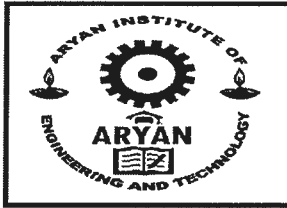
Amount Reimbursed 5000/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 7.2.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. PRASANNA KUMAR ROY
Date of Conference/workshop/Seminar 7.2.2019
Name of Conference International conference on Cause of Structure failure conference Location ABIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 2000/-
Boarding expenses 500/-
Other (Please explain)= _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Prasanna Kumar Roy Date 8.2.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

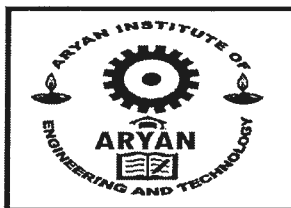
HOD Signature Rajhupatmi Bhima Rao Date 8.2.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____
Amount Reimbursed 5500/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 8.2.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMITA DAS
Date of Conference/workshop/Seminar 14.2.2019
Name of Conference International conference on BUILDING PLANNING AND DRAWING CONFERENCE Location HIT BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Smita Das Date 15.2.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

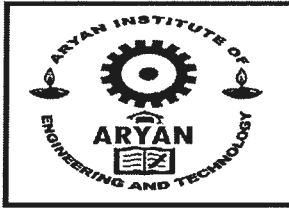
HOD Signature Rachhupatruni Bhanu Date 15.2.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 6500/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 15.2.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NILAMBARI PANDA
Date of Conference/workshop/Seminar 16.1.2019
Name of Conference National Conference on Durability and Reliability of Structural members Location EAST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 2000/-
Boarding expenses 1500/-
Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6500/-

Employee Signature Nilambari Panda Date 17.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Papaharshini Bhina Rao Date 17.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition
Amount Reimbursed 6500/- Amount Un-reimbursed 00
HR Approval Saemita Parida Date 17.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AMLAN PATTNAYAK
Date of Conference/Workshop/Seminar 8.1.2019
Name of Conference International conference on performance & effectiveness of metal & material Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 1500/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Amlan Pattnayak Date 9.1.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajeshwari Blima Rao Date 9.1.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval Saimita Parida Date 9.1.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr HARISH CHAND GIRI

Date of Conference/workshop/Seminar 11/09/2018

Name of Conference National Seminar on Natural Technologies of Waste Water Treatment Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1500

Boarding expenses 1500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6000/-

Employee Signature Dr Harish chand giri Date 12.09.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajeshwari Bina Rao Date 12.09.2018

I recommended: Yes/No

Principal Signature Sudhakar Sankar Chandra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 6000/- Datatel Requisition _____

Amount Un-reimbursed 00

HR Approval Saimita Parida Date 12.09.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SAGARIKA PASAVAT
Date of Conference/workshop/Seminar 8.10.2018
Name of Conference International conference on Deep foundations and Ground Improvement Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 500

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 5500/-

Employee Signature Dr. Sagarika Pasavat Date 9.10.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rupayatri Dima Date 9.10.2018

I recommended: Yes/No

Principal Signature Sudhakar Chandra Choudhary

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 5500/- Amount Un-reimbursed _____

HR Approval Saimita Parida Date 9.10.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MRS. STHITIPRAGYAN SATPATHY

Date of Conference/workshop/Seminar 12.11.2018

Name of Conference National Conference on Geotechnical aspects of underground construction in soft ground Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000 /-

Travel Expenses 2000 /-

Boarding expenses 2000 /-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 7000 /-

Employee Signature Mrs. Sthitipragyan Satpathy Date 13.11.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Poojapratim Bhirna Rao Date 13.11.2018

I recommended: Yes/No

Principal Signature Sudhakar Behera

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 7000 /-

HR Approval Seemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13.11.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name OSIN SANGHAMITRA PATEL

Date of Conference/Workshop/Seminar 11.12.2019

Name of Conference International conference on "New Developments in Soil mechanics & Geotechnical Engineering" Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 4000/-

Employee Signature Osin Sanghamitra Patel Date 12.02.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyashree Bhima Rao Date 12.02.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 4000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 12.02.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AKASHPRAVA PANDA
Date of Conference/workshop/Seminar 8.4.2019
Name of Conference National conference of performance based design in Earthquake Resistant Engineering Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses ~~2000/-~~ 1500/-

Boarding expenses 500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 5000/-

Employee Signature AkashPrava Panda Date 9.4.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumar Bhimara Date 9.4.2019

I recommended: Yes/No

Principal Signature Sarati Kumar Mishra

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Reimbursement Approved? Yes ✓ No _____
Amount Reimbursed 5000/- Amount Un-reimbursed 00
HR Approval Saimita Parida Date 9.4.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANDHYA PRIYA BARAL

Date of Conference/Workshop/Seminar 18.3.2019

Name of Conference National Conference on PARAMETRIC DESIGN OPTIMIZATION DESIGN Location AT EAST Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 2000/-

Boarding expenses 1500/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Sandhya Priya Baral Date 16.3.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyashree Bhausaheb Date 16.03.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

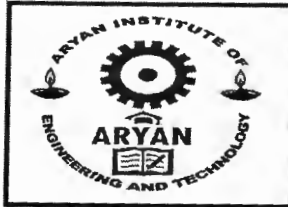
Amount Reimbursed 6500/-

HR Approval Seemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 16.03.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Tapas Ranjan Baithana

Date of Conference/workshop/Seminar 11-12-18

Name of Conference equi berated security meeting for entrance & 10 Location ATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 6000

Employee Signature Tapas Ranjan Baithana Date 12-12-18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Deeby Deebly Date 12-12-18

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition 12-12-18
Amount Reimbursed 6000/- Amount Un-reimbursed 00
HR Approval Saimita Parida Date 12.12.18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Prakash Dehury

Date of Conference/workshop/ Seminar 07-09-2018

Name of Conference ACM SIMPLAN Online course on programing long way design for implementation Location AIET-BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source 00 amount 00

Total expense submitted for reimbursement 5500

Employee Signature Prakash Dehury Date 08-09-2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

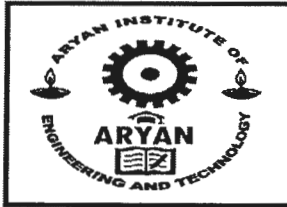
HOD Signature Pradeep Prasad Date 08-09-2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition 08-09-2018
Amount Reimbursed 5500 Amount Un-reimbursed 00
HR Approval Susmita Parida Date 8.9.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bhabesh Ku. Dadhichi

Date of Conference/workshop/ Seminar 24-12-18

Name of Conference Annual Scheduling & Generation in phase way for new gen. Open Lab. Disin. in work. what. Location DRLEMS, etc &c

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount 00

Total expense submitted for reimbursement 3000

Employee Signature Bhabesh Ku. Dadhichi Date 25-12-18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Parashy Date 25-12-18

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

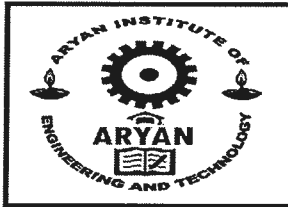
Datatel Requisition 25-12-18

Amount Reimbursed 3000/-

Amount Un-reimbursed 000

HR Approval Saemita Parida

Date 25-12-18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Pravali Mallick

Date of Conference/workshop/ Seminar 09-1-19

Name of Conference OUT O G board based remark management using DNTF & presentation Location U107, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2050

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source WD amount 500

Total expense submitted for reimbursement 3050

Employee Signature Pravali Mallick Date 10-10-19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Prasad Date 10-1-19

I recommended: Yes/No

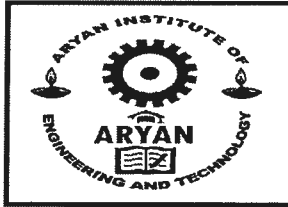
Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition 10-01-19

Amount Reimbursed 3000/- Amount Un-reimbursed 50

HR Approval Geemita Parida Date 10.01.19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Amit Jana
Date of Conference/workshop/ Seminar 17-12-18
Name of Conference Robotics and Intubecy Location CEC, BBSR
Intelligence

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 500/-

Boarding expenses 500/-

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000

Employee Signature Amit Jana Date 18-12-18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

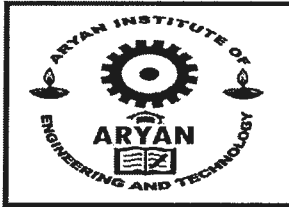
HOD Signature Praveet Prastey Date 18-12-18

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition 18-12-18
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Salmika Pasida Date 18-12-18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Vidya Mohanty
 Date of Conference/workshop/Seminar 17-09-2018
 Name of Conference 1st Symposium on Principle & Distribution of Computing Location CEC, BARR

Expenses Submitted for Reimbursement

Registration Fees 3000
 Travel Expenses 2000
 Boarding expenses 1500
 Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6500

Employee Signature Vidya Mohanty Date 18-08-2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

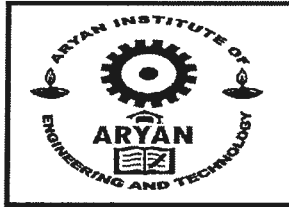
HOD Signature Prant Koley Date 18-08-2018

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khentia

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Reimbursement Approved? Yes No Datatel Requisition 18-08-2018
 Amount Reimbursed 6500 Amount Un-reimbursed 00
 HR Approval Samita Parida Date 18.08.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name

Pravara Kuman Rout Ray

Date of Conference/workshop/Seminar

12-02-19

Name of Conference

AIEM Symposium on Nanoscience and Nanotechnology

Location

CBE BBSR

Expenses Submitted for Reimbursement

Registration Fees

3000

Travel Expenses

1500

Boarding expenses

1000

Other (Please explain)=

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source

NO

amount

00

Total expense submitted for reimbursement

5500

Employee Signature

Pravara Kuman Rout Ray

Date

14-02-19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature

Pravara Kuman Rout Ray

Date

14-02-19

I recommended:

Yes/No

Principal Signature

Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition

14-02-19

Amount Reimbursed

5500

Amount Un-reimbursed

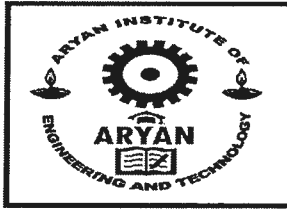
00

HR Approval

Seemita Parida

Date

14.02.19.



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sudhanani Mohapatra

Date of Conference/workshop/ Seminar 16-01-19

Name of Conference A comparative study on content based learning and delivery to vide learners Location IRACST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 500

Boarding expenses 500

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000

Employee Signature Sudhanani Mohapatra Date 17-01-19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravul Parola Date 17-01-19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

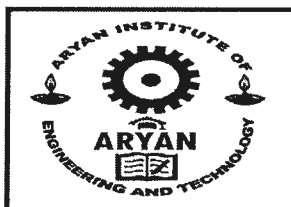
Datatel Requisition 17-01-19

Amount Reimbursed 3000

Amount Un-reimbursed 00

HR Approval Saimita Parida

Date 17-01-19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Sushree Sangita Jena

Date of Conference/workshop/ Seminar 05-07-2018

Name of Conference ETAPS European symposium on Programming Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 6000

Employee Signature Sushree Sangita Jena Date 06-07-2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradeep Rout Date 06-07-2018

I recommended: Yes/No

Principal Signature Sudhansu Sekhar Khuntia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

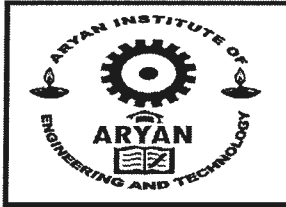
Amount Reimbursed 6000

HR Approval Carmita Parida

Datatel Requisition 06-07-2018

Amount Un-reimbursed 00

Date 6.7.18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Sanjay Kumar Padhi
Date of Conference/workshop/Seminar 21-08-2018
Name of Conference ALT International Program Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00

Total expense submitted for reimbursement 5000

Employee Signature Sanjay Kumar Padhi Date 22-08-2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

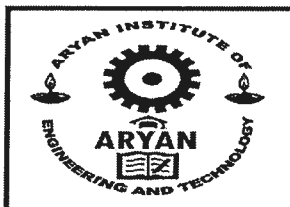
HOD Signature Prasanna Prady Date 22-08-2018

I recommended: Yes/No

Principal Signature Sudhanu Sekhar Khuntia

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Reimbursement Approved? Yes No _____
Amount Reimbursed 5000/- Datatel Requisition 22-08-2018
Amount Un-reimbursed 00
HR Approval Samita Parida Date 22.8.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Mr. Amiya Kumar Sahoo
Date of Conference/workshop/Seminar 03-07-2018
Name of Conference A170 EUROPIAN CONFERENCE ON OBJECT ORIENTED PROGRAM Location CRC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 1000

Boarding expenses 1500

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source 00 amount 00

Total expense submitted for reimbursement 5500

Employee Signature Amiya Kumar Sahoo Date 04-07-2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

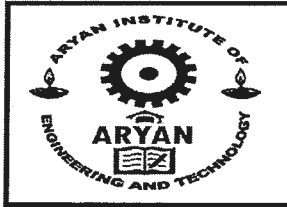
HOD Signature Sneet Prusty Date 04-07-2018

I recommended: Yes/No

Principal Signature Sudhansu Sechar Khentia

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Reimbursement Approved? Yes No _____ Datatel Requisition 64-07-2018
Amount Reimbursed 5500 Amount Un-reimbursed 00
HR Approval Saemita Parida Date 4-7-2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Laxmi

Date of Conference/workshop/ Seminar 12-09-2018

Name of Conference "Software Reuse" Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00

Total expense submitted for reimbursement 7000

Employee Signature Dr. Laxmi Date 13-09-18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Preet Ranby Date 13-09-18

I recommended: Yes/No

Principal Signature Sudhakar Sekhar Khentia

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

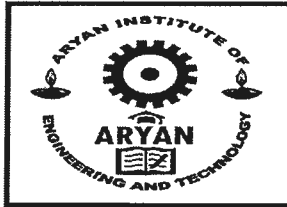
Datatel Requisition 13-09-2018

Amount Reimbursed 7000

Amount Un-reimbursed 00

HR Approval Saimita Parida

Date 13.9.2018



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Jui pattanik

Date of Conference/workshop/ Seminar 05-12-18

Name of Conference Acad conference on embedded networked sensor system Location A.I.T., BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 2000

Boarding expenses 2000

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 7000

Employee Signature Jui pattanik Date 06-12-18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Behera Date 06-12-18

I recommended: Yes/No

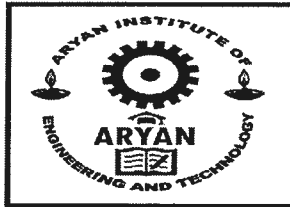
Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition 06-12-18

Amount Reimbursed 7000 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 6.12.18



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Radha Mohan Acharya
 Date of Conference/workshop/Seminar 06-03-19
 Name of Conference cloud base app' bonheur monitoring system Location GIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000
 Travel Expenses 1000
 Boarding expenses 1000
 Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 5000

Total expense submitted for reimbursement _____

Employee Signature Radha Mohan Acharya Date 07-03-19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Prusty Date 07-03-19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition 6245-11
 Amount Reimbursed 5000 Amount Un-reimbursed 00
 HR Approval Sreemita Parida Date 7.3.19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBASISH MISHRA

Date of Conference/workshop/ Seminar 07.09.2019

Name of Conference Online International Conference on "Electronics Equipment Integration, Prototype Building and PCB Design" Location CEB, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Debasish Mishra Date 08.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 08.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Somit Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 08.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SWARNA MANJARI SAMAL

Date of Conference/workshop/ Seminar 09.08.2019

Name of Conference Online A Webinar on "Role of energy management professionals in Industries" Location KEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Swarna Manjari Samal Date 10.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Sarwata Parvata

Datatel Requisition _____

Amount Un-reimbursed 00

Date 10.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUBHASISH MOHANTY

Date of Conference/workshop/ Seminar 5.7.2019

Name of Conference Online international Conference on "Advances in Electrical & Computer technologies" Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0

Total expense submitted for reimbursement

Employee Signature Subhasish Mohanty Date 6.7.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Date 6.07.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes [checked] No

Amount Reimbursed 3000

HR Approval Sasmita Panda

Datatel Requisition

Amount Un-reimbursed 00

Date 6.07.2019



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJIT KUMAR PANDA

Date of Conference/workshop/ Seminar 16.08.2019

Name of Conference online a webinar on Location AIITA, BBSR
"Recent trends in electrical system operation & smart grid"

Expenses Submitted for Reimbursement

Registration Fees 30.00

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0

Total expense submitted for reimbursement _____

Employee Signature Ajit Kumar Panda Date 17.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 17.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition 17.08.2019
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Sasmita Panda Date 17.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. MOUSUMI PANDA

Date of Conference/workshop/ Seminar 27.05.2019

Name of Conference online International conference on "Nomad expert Technician system" Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ~~Mousumi Panda~~ NO amount 0

Total expense submitted for reimbursement _____

Employee Signature Mousumi panda Date 28.05.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 28.05.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000

Amount Un-reimbursed 00

HR Approval Salmata Parida

Date 28.05.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJAYA KUMAR BEURA

Date of Conference/workshop/ Seminar 20.08.2019

Name of Conference Online national conference on "mechanical Engineering & vehicle Engineering" Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees-----

Travel Expenses -----

Boarding expenses -----

Other (Please explain) = -----

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement -----

Employee Signature Ajaya Kumar Beura Date 21.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 21.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Salmata Parida Date 21.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DE BENDRA KUMAR SAHOO

Date of Conference/workshop/ Seminar 23.09.2019

Name of Conference online national conference on "66 Technique for online Detection of shorts in fields" Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature debendra kumar saho Date 24.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 24.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 24.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. PRAKASH CHANDRA SAHU

Date of Conference/workshop/ Seminar 09.08.2019

Name of Conference online A webinar on Location _____

"Role of energy management professionals in industries"

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Prakash chandra sahu Date 10.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 10.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SOMNATH MISHRA

Date of Conference/workshop/ Seminar 7.09.2019

Name of Conference online International conference on Location CEB, BBSR
"Electronics equipment Integration, Prototype Building & PCB design"

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 0

Total expense submitted for reimbursement _____

Employee Signature Somnath Mishra Date 08.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 08.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saemita Parida Date 08.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BAIDYANATH MOHANTY

Date of Conference/workshop/ Seminar 18.3.2020

Name of Conference online national conference on "control system & sensor technology" Location CEG, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0

Total expense submitted for reimbursement _____

Employee Signature Baidyanath Mohanty Date 19.03.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panigrahy Date 19.03.2020

I recommended: Yes/No

Principal Signature Sarati Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 19.03.2022



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANJEEV KUMAR MISHRA

Date of Conference/workshop/ Seminar 13.05.2019

Name of Conference online national conference on Location GIFT, B.BSR
"Inventor Technology for Industry application"

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0

Total expense submitted for reimbursement _____

Employee Signature Sanjeev Kumar Mishra Date 14.05.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 14.05.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mohra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Salomita Parida Date 14.05.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJANTA PRIYADARSHINEE

Date of Conference/workshop/ Seminar 18.03.2020

Name of Conference Online National conference on "Control System and sensor Technology" Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Ajanta priyadarshinee Date 19.03.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Date 19.03.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 3000

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 19.03.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DILIP KUMAR NAYAK

Date of Conference/workshop/ Seminar 06.05.2019

Name of Conference Online International Conference on "Artificially Engineering materials composites" Location CET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No. amount 00

Total expense submitted for reimbursement _____

Employee Signature Dilip Kumar Nayak Date 07.05.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 07.05.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 07.05.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR TRIPATHY

Date of Conference/workshop/ Seminar 29.07.2019

Name of Conference Online A Webinar on "GPS Interface in GSM Networks" Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Sunil Kumar Tripathy Date 30.07.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 30.07.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 30.07.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Jyotirmaya Satapathy

Date of Conference/workshop/ Seminar 26.08.2019

Name of Conference Online National conference on "Super Conducting Magnetic Energy storage systems" Location M.I.E.T., BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Jyotirmaya Satapathy Date 27.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 27.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mohra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

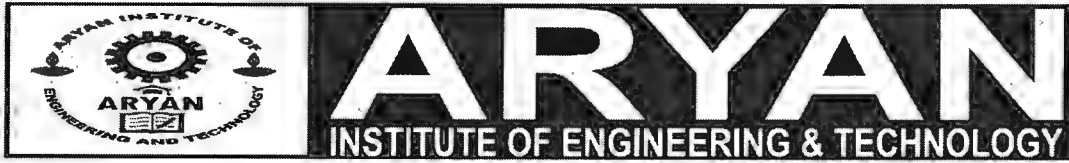
Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 27.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABANI KUMAR MUDULI

Date of Conference/workshop/ Seminar 09.09.2019

Name of Conference Online International Conference "Surge protection in modern Devices" Location CET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement

Employee Signature Abani Kumar Muduli Date 10.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Samita Panda Date 10.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. NABNIT PANIGRAHI

Date of Conference/workshop/ Seminar 05.07.2019

Name of Conference Online International Conference "Advances in Electrical and Computer Technologies" Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Nabnit panigrahi Date 06.07.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panigrahi Date 06.07.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 06.07.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUBHENDU SEKHAR SAHOO

Date of Conference/workshop/ Seminar 16.08.2019

Name of Conference Online Awebinare on "Recent trends in electrical system operation & smart grid" Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Subhendu Sekhar Sahoo Date 17.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 17.08.2019

I recommended: Yes ~~No~~

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saloni Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 17.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ARAVINDA MAHAPATRA

Date of Conference/workshop/ Seminar 12.03.2020

Name of Conference Online National Conference on "Applications of Artificial Intelligence, Machine Learning and Deep Learning in Science" Location M.I.E.T, B.B.S.R

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Aravinda Mahapatra Date 13.03.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 13.03.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saemita Parida Date 13.03.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABHISEK MOHANTY

Date of Conference/workshop/ Seminar 06.05.2019

Name of Conference Online International Conference on "Artificially Engineering Materials Composites" Location CET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Abhisek Mohanty Date 07.05.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 07.05.2019

I recommended: Yes/No

Principal Signature Sarant Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 07.05.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KRUSHNA KESHAB BARAL

Date of Conference/workshop/ Seminar 21.05.2019

Name of Conference Online International Conference on "Intelligent Manufacturing and ~~Auto~~ Energy Sustainability" Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Krushna Keshab Baral Date 22.05.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 22.05.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 22.05.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bhagaban Sri Ramakrishna

Date of Conference/workshop/ Seminar 19.02.2020

Name of Conference Online National Workshop on "Design of Microstrip Patch Antennas" Location NMIET, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Bhagaban Sri Ramakrishna Date 20.02.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 20.02.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mohana

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 20.02.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Mahe swari Rashmita Nath

Date of Conference/workshop/ Seminar 23.01.2020

Name of Conference online National Conference on "Emerging trends in VLSI Design" Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature _____ Date 24.01.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 24.01.2021

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

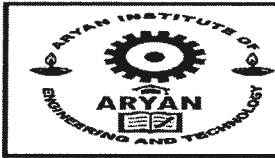
Amount Reimbursed 3000

HR Approval Salmita Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 24.01.2021



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. AJAYA KUMAR SWAIN

Date of Conference/workshop/ Seminar 13.05.2019

Name of Conference online national conference on "Inventor technology for industry application" Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Dr. Ajaya Kumar Swain Date 14.05.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 14.05.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 14.05.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name HIMANSHU SEKHAR MAHARANA

Date of Conference/workshop/ Seminar 17.06.2019

Name of Conference online national conference on Location G.NPT, BBSR
“Protection of transmission system by using the global positioning system”

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Himanshu Sekhar Maharana Date 18.06.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 18.06.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 0

Date 18.06.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SASMITA PARIDA (MBA)

Date of Conference/workshop/ Seminar 16.09.2019

Name of Conference Online national conference on "Superconducting rotating machine" Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 0

Total expense submitted for reimbursement _____

Employee Signature Sasmita Parida Date 17.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 17.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 0
HR Approval Sasmita Parida Date 17.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Ankita panda

Date of Conference/workshop/ Seminar 03.03.2020

Name of Conference Online International Conference on "Role of electronics & communication in Aerospace industry" Location DRIEMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Ankita panda Date 04.03.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 04.03.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Sashita Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 04.03.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR MAHAAPATRO

Date of Conference/workshop/ Seminar 12.03.2020

Name of Conference Online National Conference on Location MCT, BBSR
Application of Artificial Intelligence, machine learning & deep learning in science

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Sunil Kumar Mahapatro Date 13.03.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 12.03.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saenita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13.03.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SILLA RAJUGOPAL

Date of Conference/workshop/ Seminar 5.02.2019

Name of Conference online International conference on Location CEB, BBR
" Geothermal Power Station "

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature DR. SILLA RAJUGOPAL Date 6.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 6.8.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saemita Parida.

Datatel Requisition _____

Amount Un-reimbursed 00

Date 6.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ASANTA PRIYADARSHINEE

Date of Conference/workshop/Seminar 18/3/2020

Name of Conference online national conference Location CEC, Bhubaneswar

Control system & sensor technology

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses Nil

Boarding expenses Nil

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 4000/-

Employee Signature Ajanta Priyadarshinee Date 19/3/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajanta Priyadarshinee Date 19/3/2020

I recommended: Yes/No

Principal Signature Sarajit Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 4000/- Amount Un-reimbursed 00/-

HR Approval Sarajit Kumar Mishra Date 19/3/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DILIP KUMAR NAYAK

Date of Conference/workshop/ Seminar 27.05.2019

Name of Conference Online International Conference on "Nomad Expert Technician System" Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Dilip Kumar Nayak Date 28.05.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 28.05.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saemita Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 28.05.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AJIT KUMAR PANDA

Date of Conference/workshop/ Seminar 16/8/2019

Name of Conference Webinars on 'RECENT TRENDS IN ELECTRICAL SYSTEM OPERATION' Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 0/-

Boarding expenses 0/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source Nil amount NA

Total expense submitted for reimbursement 3000

Employee Signature Ajit Kumar Panda Date 17/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 17/8/2019

I recommended: Yes/No

Principal Signature Suresh Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatec Requisition

Amount Reimbursed 3000 Amount Un-reimbursed 0

HR Approval Sarmita Parida Date 17/8/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRIYA CHANDAN SATPATHY

Date of Conference/workshop/ Seminar 16.8.2019

Name of Conference Online National Conference Location NMIET, BBSR
Fast Software encryption workshop

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Priyachandan Satpathy Date 17.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Poojendera Date 17.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Calmita Parida Date 17.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SWAGYA TIKA PANDA

Date of Conference/workshop/ Seminar 10.9.2019

Name of Conference Online National conference: RFID Based library Management Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Swagatika Panda Date 11.9.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 11.9.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11.9.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANJAY KUMAR SARANGI

Date of Conference/workshop/ Seminar 15.5.2019

Name of Conference Online National conference Location CEC, B.B.S.R
Text speech and dialogue

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Sanjay Kumar Sarangi Date 16.5.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pranava Sanyal Date 16.5.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 3000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 16.5.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name L1. RUDRA PRASAD NANDA

Date of Conference/workshop/ Seminar 12.8.2019

Name of Conference Online International confere Location AIET, BBSR
Work on Internet ANE

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Rudra Prasad Nanda Date 13.8.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pramodan Ray Date 13.8.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____
Amount Reimbursed 3000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 13.8.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SUDHANSU SEKHAR KHUNTIA

Date of Conference/workshop/ Seminar 9.7.2019

Name of Conference Online workshop Machine Learning solution for image Processing. Location GI TA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Sudhansu Sekhar Khuntia Date 10.7.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasanna Kumar Date 10.7.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 10.7.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRAVAT KUMAR SUBUDHI

Date of Conference/workshop/ Seminar 23.10.2019

Name of Conference Online National Conference Location MIET, BBSR
Thermoelectric generator and its wearable.

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Pravat Kumar Subudhi Date 24.10.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Kumar Subudhi Date 24.10.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 24.10.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANGITA PAL

Date of Conference/workshop/ Seminar 10.2.2020

Name of Conference Online International conferen Location GyEC, BBSR
on Integrated Circuits and Microsystems

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Sangita Pal Date 11.2.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Kumar Date 11.2.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11.2.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANJAY KUMAR PADHI

Date of Conference/workshop/ Seminar 17.2.2020

Name of Conference National conference on Wi-Fi Base Location NMLET, BBSR
GM Based Efficient Data collection from sensor

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Sanjay Kumar Padhi Date 18.2.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature P. K. Mishra Date 18.2.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 18.2.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Ranjit Kumar Nayak

Date of Conference/workshop/ Seminar 19.12.2019

Name of Conference Online international conference on "Computational Intelligence methods for Bioinformatics & Biostatistics" Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = 0

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Ranjit Kumar Nayak Date 20.12.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 20.12.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 20.12.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Shahenaz parween

Date of Conference/workshop/ Seminar 17.09.2019

Name of Conference Online International Conference on "Semantic web conference" Location M.I.E.T, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = 0

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 3000

Employee Signature Shahenaz parween Date 18.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature [Signature] Date 18.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Samita Parida Date 18.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Prakash Dehury

Date of Conference/workshop/ Seminar 6/8/2019

Name of Conference online international conference on computational intelligence and methods for bioinformatics and healthcare Location NM/ET, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Prakash Dehury Date 7/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pracet Routroy Date 7/8/19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Samita Panda Date 21/8/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Raami

Date of Conference/workshop/Seminar 15/9/2019

Name of Conference Online International Conference on Database theory. Location NAIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 50

Boarding expenses 50

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 50

Total expense submitted for reimbursement 3000/-

Employee Signature Raami Date 16/9/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradeep Routy Date 16/9/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Sarita Parida

Datatel Requisition _____

Amount Un-reimbursed 50

Date 16/9/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name VIDYA MOHANTY

Date of Conference/workshop/ Seminar 16.10.2019

Name of Conference Online International conference Location CEC, BBSR
Multimedia

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Vidya Mohanty Date 17.10.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravet Prasad Date 17.10.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Sarita Panda Date 17.10.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAVAT KUMAR RAUTRAY

Date of Conference/workshop/ Seminar 22.10.2019

Name of Conference Online International Symposium Location NMIET, BBSR
Circuits and System

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Pravat Kumar Rautray Date 23.10.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Rautray Date 23.10.2019

I recommended: Yes/No

Principal Signature Saraj Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition 23.10.2019

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Salmita Parida Date 23.10.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUDHARANI MAHAPATRA

Date of Conference/workshop/ Seminar 22.1.2020

Name of Conference National conference Impact of Big Data Analytics in Bioinformatics Location NMIEI.

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Sudharani Mahapatra Date 23.1.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradeep Prusty Date 23.1.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 23.1.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAVAT MALLICK

Date of Conference/workshop/ Seminar 14.1.2020

Name of Conference National conference on An extent survey on traffic management. Location GIET, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Pravat Mallick Date 15.1.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Mallick Date 15.1.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 15.1.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RADHAMOHAN ACHARYA

Date of Conference/workshop/ Seminar 15.1.2020

Name of Conference International conference on Moving Location CEC, BBSR
Subject Segmentation from Underwater Videos using Adaptive

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Radhamohan Acharya Date 16.1.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradeep Prasad Date 16.1.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saemita Parida Date 16.1.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name TAPAS RANJAN BAITHARU

Date of Conference/workshop/ Seminar 8.3.2020

Name of Conference National Conference on International Journal of Advanced Computer Science Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Tapas Ranjan Baitharu Date 9.3.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasanna Prasad Date 9.3.2020

I recommended: Yes/No

Principal Signature Sarath Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Salomita Parida Date 9.3.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. AMIT KUMAR JANA

Date of Conference/workshop/ Seminar 6.1.2020

Name of Conference National conference on urban Road Traffic Management Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Amit Kumar JANA Date 7.1.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Pooja Date 7.1.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saloni Parida Date 7.1.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Mr. ANIYA KUMAR SAHOO

Date of Conference/workshop/Seminar 3/7/2019

Name of Conference online international conference on policy of robots and its automation to military. Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Aniyaka. Sahoo Date 4/7/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Routey Date 4/7/2019

I recommended: Yes/No

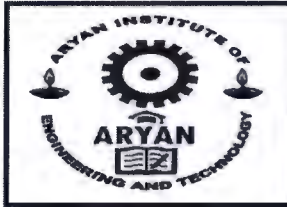
Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Calmita Parida Date 4/7/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Pravat Koullick

Date of Conference/workshop/ Seminar 14.1.2020

Name of Conference National Conference on Education & Research in Utkala Location OJET, BSK

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain)= _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount 00

Total expense submitted for reimbursement 2000

Employee Signature _____ Date 15/1/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pranab Routray Date 15/1/2020

I recommended: Yes/No

Principal Signature Sareet Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed _____ Amount Un-reimbursed _____

HR Approval Sareet Kumar Date 15/1/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. SHITIPRAGYAN SATHY

Date of Conference/workshop/Seminar 6/9/2019

Name of Conference Online national conference on e-governance, disaster and ill mitigation. Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Shitipragyan Sathy Date 6/9/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhapatreni Shimala Date 7/9/2019

I recommended: Yes/No

Principal Signature Savit Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 3000/-

HR Approval Savit Kumar Mishra

Datatel Requisition _____

Amount Un-reimbursed 00

Date 7/9/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JAYASHREE BHUVAN

Date of Conference/workshop/Seminar 1/10/2019

Name of Conference online national conference on Advanced safety features in nuclear reactors. Location NMIET, BBR

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Jayashree Bhuvan Date 2/10/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyashree Bhuvan Date 2/10/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No _____

Amount Reimbursed 2000

HR Approval Saanita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 2/10/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ADITYA PRAAD DAC
Date of Conference/workshop/ Seminar 8/10/2019
Name of Conference Online International conference on Advanced computer materials Location CRC, BBLR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NID amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Aditya Praad Dal Date 9/10/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajharpateuri Bhinsara Date 9/10/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No
Amount Reimbursed 3000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 9/10/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Madhaba Chandra Rout
 Date of Conference/workshop/Seminar 9/3/2020
 Name of Conference online workshop on defluorination of ground water Location REC, BBR

Expenses Submitted for Reimbursement

Registration Fees ₹000
 Travel Expenses 00
 Boarding expenses 00
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source _____ amount _____
 Total expense submitted for reimbursement 4000/-

Employee Signature Madhaba ch. Rout Date 10/3/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkeshwari Bhina Date 10/3/20

I recommended: Yes/No

Principal Signature Sarati Kumar Mishra

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Reimbursement Approved? Yes No
 Amount Reimbursed 4000/- Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Sasmita Dasida Date 10/3/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SURANJAN JOSHI
 Date of Conference/workshop/ Seminar 10.3.2020
 Name of Conference SEMINAR FOR NOBLE Location CFC BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 00
 Boarding expenses 00
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount 00
 Total expense submitted for reimbursement 3000/-

Employee Signature SURANJAN JOSHI Date 11/3/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prof. Pratibha Ghimara Date 11/3/20

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 3000/- Amount Un-reimbursed 00
 HR Approval Sayana Parida Date 11/3/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANDHYA PRIYA BARAL
 Date of Conference/workshop/Seminar 11/13/20
 Name of Conference online workshop on COVID Location NMITE, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 00
 Boarding expenses 00
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Sandhya Priya Baral Date 12/13/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyashree Mishra Date 12/13/20

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
 Amount Reimbursed 3000 Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Sarita Parida Date 12/13/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PU PALATA PRADHARI
 Date of Conference/workshpp/ Seminar 12/3/20
 Name of Conference Online workshop on Demerit Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 00
 Boarding expenses 00
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000

Employee Signature PuPalata Pradhan Date 12/3/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Papahartruni Bhimara Date 12/3/20

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 3000/- Amount Un-reimbursed 00
 HR Approval Sasmita Parida Date 12/3/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AMLAN PATTNAYAK
Date of Conference/workshop/ Seminar 12/11/2019
Name of Conference online workshop on canal irrigation Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature AMLAN PATTNAYAK Date 13/11/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Radhupatani Bhima Rao Date 13/11/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Salmata Damida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13/11/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMITA SAHOO
Date of Conference/workshop/ Seminar 20/11/2019
Name of Conference Online workshop on Rainwater Harvesting Location EAST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00
Total expense submitted for reimbursement 3000/-

Employee Signature Smita Sahoo Date 21/11/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajesh Kumar Bhatnagar Date 21/11/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000/- Amount Un-reimbursed 00
HR Approval Smita Parida Date 21/11/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ATUL KUMAR MALLIK

Date of Conference/workshop/Seminar 27/11/2019

Name of Conference online workshop on nanotechnology in civil engineering Location AIT, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Atul Kumar Mallik Date 28/11/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajeshwari Prasad Date 28/11/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000/- Amount Un-reimbursed 00
HR Approval Saimita Parida Date 28/11/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name GIYANA RAMJAN MOHAPATRA
Date of Conference/workshop/Seminar 12.12.2019
Name of Conference online workshop on parking problems Location OIEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 4000/-

Employee Signature Giyanarajan Mohapatra Date 12/12/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Radhupadmuni Mishra Date 13/12/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No
Amount Reimbursed 4000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saemita Parida Date 13/12/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AKASHPRAYA PANDA
Date of Conference/workshop/Seminar 12/12/2019
Name of Conference Online Workshop on Transparency Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Akashpraya Panda Date 14/12/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rephurxtreni Bhima Rao Date 14/12/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No
Amount Reimbursed 3000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 14/12/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NILGRIH MOHANTY
 Date of Conference/workshop/ Seminar 19/12/2019
 Name of Conference online workshop on cyclone resistant building construction Location GEG, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 00
 Boarding expenses 00
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Nilgrih Mohanty Date 20/12/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyashree Bhimara Date 20/12/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No
 Amount Reimbursed 3000/- Datatel Requisition _____
 Amount Un-reimbursed 00
 HR Approval Sasmita Panda Date 20/12/2019



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GENERAL INFORMATION

Employee Name PRIVABRATA GADU

Date of Conference/workshop/ Seminar 20/12/2019

Name of Conference Online workshop on High Performance Concrete Location MIET, NBGR

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Privabrata Gadu Date 21/12/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhapatani Bhinda Date 21/12/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saronita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 21/12/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name STUTEE MOHANTY
Date of Conference/workshop/Seminar 18/12/2019
Name of Conference online workshop on Geostatistics Location HIT, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Stutee Mohanty Date 19/12/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rachupatzeni Bhima Rao Date 19/12/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 3000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saimita Parida Date 19/12/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Nirman Kumar Sahoo

Date of Conference/workshop/Seminar 26/12/2019

Name of Conference online workshop on optimization of water pedobvill system. Location DRBML, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Nirman K. Sahoo Date 27/12/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyapatra Bhimarao Date 27/12/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 3000/-

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 27/12/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Prasantha Kumar Rout
Date of Conference/workshop/ Seminar 5/3/2020
Name of Conference online workshop on intelligent bridges Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Prasantha K. Rout Date 6/3/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Papuhapatruni Bhinika Date 6/3/2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 3000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Saemita Parada Date 6/3/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. KHARABELA SWAIN

Date of Conference/workshop/ Seminar 16/3/2020

Name of Conference online workshop on PIVOT registration Location GITAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Charabela Swain Date 17/3/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prof. hypednuni Bhimsa Kero Date 17/3/2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 17/3/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Tyotirmayee Panda

Date of Conference/workshop/ Seminar 12.9.2019

Name of Conference online international conference on offshore structural engineering conference. Location GIFT, BBLR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Tyotirmayee Panda Date 13.9.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajeshwari Bhunia Rao Date 13/9/19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Saemita Parada Date 13/9/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Osin Sanghamitra patel

Date of Conference/workshop/Seminar 08.08.2019

Name of Conference Online International conference on "Sustainable Building Conference" Location AIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Osin Sanghamitra patel Date 09.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Papaya Prasad Mishra Date 9/8/19

I recommended: Yes/No Yes No

Principal Signature Saroot Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Sarmita Parida Date 9/8/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Shradhananda Ghadei

Date of Conference/workshop/ Seminar 14.08.2019.

Name of Conference Online National Conference on "The Aero Dynamic Design of the Wind turbine" Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 4000/-

Employee Signature Shradhananda Ghadei Date 15.08.2019.

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Poojaprasuri Bhima Rao Date 15/8/19

I recommended: Yes/No

Principal Signature Sarati Kumar Mishra.

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 4000/- Amount Un-reimbursed 00

HR Approval Sarita Parida Date 15/8/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Nilanchal Sahoo

Date of Conference/workshop/ Seminar 01.09.20

Name of Conference Online International Conference on "Artificially engineering materials composites" Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Nilanchal Sahoo Date 02.09.20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Debabratra Mishra Date 2/9/20

I recommended: Yes/No

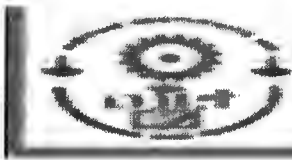
Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Savitri Panda Date 2/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Baroda Prasanna Sahoo

Date of Conference/workshop/Seminar 12.09.20

Name of Conference Online workshop on "ISO 9001 mechanics and foundation problems conference" Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 4000/-

Employee Signature Baroda prasanna Sahoo Date 13.09.20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Daghepednuri Dhime Rao Date 13/9/20

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 4000/- Amount Un-reimbursed 00

HR Approval Sasmita Parida Date 13/9/20



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GENERAL INFORMATION

Employee Name MURARI PRASAD PANDA

Date of Conference/workshop/ Seminar 12/11/2019

Name of Conference online National conference on application of NANO composite material Location CET, BBR

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 2000/-

Employee Signature Murari Prasad Panda Date 13/11/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prof. Dr. B. K. Mishra Date 13/11/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 2000/-

HR Approval Saemita Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13/11/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Raghupatruni Bhima Rao

Date of Conference/workshop/Seminar 8/8/2019

Name of Conference online National conference on behavior of smart materials and concrete structures Location DRIFMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000

Employee Signature Raghupatruni Bhima Rao Date 9/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupatruni Bhima Rao Date 9/8/2019

I recommended: Yes/No

Principal Signature Sant Kumar Mishra

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Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000

Amount Un-reimbursed 00

HR Approval Sobrita Pasari

Date 9/8/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Atul

Date of Conference/workshop/Seminar 12/8/2019

Name of Conference online national workshop on natural disasters and their mitigation Location EATM, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Atul Date 13/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupatmani Bhim Rao Date 13/8/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes ✓ No _____

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 13/8/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. HARISH CHAND GUPTA

Date of Conference/workshop/Seminar 16.8.2019

Name of Conference Online National Workshop on Seismic safety of structures Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Harishchand Gupta Date 17/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rehmatun Nisrina Koo Date 17/8/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Salmita Parich Date 17/8/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SAGARIKA PASAYAT

Date of Conference/workshop/Seminar 19.8.2019

Name of Conference online international conference on sustainable solution in industrial pollution water treatment Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 2000/-

Employee Signature _____ Date 20/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raghupatruni Bhina Rao Date 20/8/19

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Datatel Requisition _____

Amount Reimbursed 2000/-

Amount Un-reimbursed 00

HR Approval Sasmita Dasida

Date 20/8/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SOURAV DEBALICH

Date of Conference/workshop/Seminar 27/8/2019

Name of Conference online national workshop on reliability and safety of structures Location C.E.C., BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source N/A amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Sourav Debalich Date 28/8/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhupatouni Bhim Rao Date 28/8/2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 28/8/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Pradyut Kumar Swain

Date of Conference/workshop/Seminar 2/7/19

Name of Conference ONLINE CHARACTERIZATION OF SYNTHESIS OF CONFERENCE ON MODELLING STUDY OF ADVANCED MATERIAL Location MIET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 5000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 7000/-

Employee Signature Pradyut Kumar Swain Date 3/7/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Swain Date 3/7/19

I recommended: Yes/No

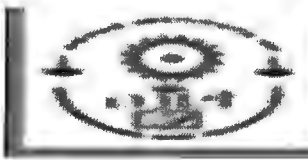
Principal Signature Sarajit Kumar Meher

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 7000/- Amount Un-reimbursed 00

HR Approval Saumita Parida Date 3/7/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Suraj Kumar Patel

Date of Conference/workshop/Seminar 3/8/19

Name of Conference online national conference on Advance fluid transport machinery Location CFC, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4500/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount NA

Total expense submitted for reimbursement 6500/-

Employee Signature Suraj Kumar Patel Date 4/8/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 4/8/19

I recommended: Yes/No

Principal Signature Sarwat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes ___ No ___ Date of Requisition _____

Amount Reimbursed 6500/- Amount Un-reimbursed 00

HR Approval Sasmita Parida Date 4/8/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Bhagyashree Panda

Date of Conference/workshop/Seminar 9/3/2020

Name of Conference Online National seminar on "ARTIFICIALLY ENGINEERING MATERIALS COMPOSITES" Location NMIT, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount N/A

Total expense submitted for reimbursement 3000/-

Employee Signature Bhagyashree Panda Date 10/3/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 10/3/20

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Sasmita Parida Date 10/3/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. GIRIJA PRASAD SAHOO

Date of Conference/workshop/ Seminar 3.01.2020

Name of Conference Online International Conference on "Nanomaterial Engineering" Location CEB, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0

Total expense submitted for reimbursement _____

Employee Signature Dr. Girija Prasad Sahoo Date 4.01.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 4.01.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 0

Date 4.01.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MANOHAR KUMAR SINGH

Date of Conference/workshop/ Seminar 22.08.2019

Name of Conference Online National Conference on "Intelligent Manufacturing & Automation Engineering" Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Manohar Kumar Singh Date 23.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Singh Date 23.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 23.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BABITA MEHER

Date of Conference/workshop/ Seminar 09.09.2019

Name of Conference Online Workshop on "Artificial Intelligence in Mechanical Engineering" Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Babita Meher Date 10.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 10.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

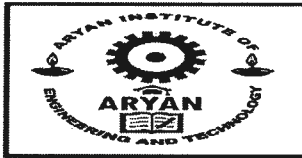
Amount Reimbursed 3000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 10.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name P. PAULPANDIAN

Date of Conference/workshop/ Seminar 10.09.2019

Name of Conference Online International Conference on "precision mechanics, mechatronics" Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature P. Paulpandian Date 11.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 11.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Samrita Panda Date 11.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SHAIK MOZAMMIL

Date of Conference/workshop/ Seminar 07.10.2019

Name of Conference Online National Conference on "Marine System Design" Location NIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Shaik Mozammil Date 08.10.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sahu Date 08.10.2019

I recommended: Yes/No

Principal Signature Saikat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Samita Parida Date 08.10.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JITENDRA NARAYN BISWAL

Date of Conference/workshop/ Seminar 15.10.2019

Name of Conference Online International Conference on "Material Engineering" Location CEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement

Employee Signature Jitendra Narayan Biswal Date 16.10.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Mishra Date 16.10.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 3000

HR Approval Samirita Parida

Datatel Requisition

Amount Un-reimbursed 00

Date 16/10/2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ----- NIRMAL CHARAN MALIK -----

Date of Conference/workshop/ Seminar ----- 29.10.2019 -----

Name of Conference ----- Online International Conference on "The Aero dynamic design of the wind turbine" ----- Location ----- GJET, BBSR -----

Expenses Submitted for Reimbursement

Registration Fees ----- 3000 -----

Travel Expenses ----- 00 -----

Boarding expenses ----- 00 -----

Other (Please explain) = -----

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ----- No ----- amount ----- 00 -----

Total expense submitted for reimbursement -----

Employee Signature ----- Nirmal Charan Malik ----- Date ----- 30.10.2019 -----

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature ----- Pradyot Kumar Jena ----- Date ----- 30.10.2019 -----

I recommended: Yes/No

Principal Signature ----- Sarat Kumar Mishra -----

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed ----- 3000 -----

HR Approval ----- Saimita Parida -----

Datatel Requisition -----

Amount Un-reimbursed ----- 00 -----

Date ----- 30.10.2019 -----



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PILI KUMARI SAHOO

Date of Conference/workshop/ Seminar 09.12.2019

Name of Conference Online National Seminar on "Mechanical Power Engineering" Location OFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Pili Kumari Sahoo Date 10.12.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 10.12.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Salmata Parida Date 10.12.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNITA BAL

Date of Conference/workshop/ Seminar 10.02.2020

Name of Conference Online International Conference Location REC, BBSR
on "Noise and Vibration"

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Sunita Bal Date 11.02.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 11.02.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 11.02.2020



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANUSAYA NANDA

Date of Conference/workshop/ Seminar 05.03.2020

Name of Conference Online National Conference on "e-technology transfers & spinoffs" Location K.I.S.T., BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Anusaya Nanda Date 06.03.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 06.03.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 06.03.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BIDYUTA RANJAN ROUT

Date of Conference/workshop/ Seminar 13.08.2019

Name of Conference Online International Conference on "Materials Technology & Applications" Location DRIEMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Bidyuta Ranjan Rout Date 14.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 14.08.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saloni Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 14.08.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SARAT KUMAR MISHRA

Date of Conference/workshop/ Seminar 4.09.2019

Name of Conference Online International Conference on "cell integration into a manufacturing system" Location IPDET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Sarat Kumar Mishra Date 5.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Mishra Date 5.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Salmata Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 5.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. HIMANSHU SEKHAR MOHARANA

Date of Conference/workshop/ Seminar 17.09.2019

Name of Conference Online International conference on "Internal Combustion Engines" at A Location ARIT, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Himanshu Sekhar Moharana Date 18.09.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Jena Date 18.09.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saloni Patra Date 18.09.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRADIPTA KUMAR DAS

Date of Conference/workshop/ Seminar 4.10.2019

Name of Conference online national conference on Location CAB, BBSR

66 mechanical engineering & vehicle engineering

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Pradipta Kumar das Date 5.10.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradipta Kumar Das Date 5.10.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 5.10.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SAN@ JEET RAJ

Date of Conference/workshop/ Seminar 23.10.2019

Name of Conference online national conference on Location EATM, BBSR
“ material science & processing ”

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement _____

Employee Signature Sanjeet Raj Date 24.10.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

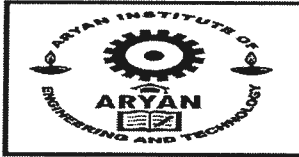
HOD Signature Pradyeew Kumar Date 24.10.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mohra

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 24.10.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name TAPAS KUMAR PANDA

Date of Conference/workshop/ Seminar 8.11.2019

Name of Conference Online Workshop on "mechanical design" Location GMAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Tapas Kumar Panda Date 9.11.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Jena Date 9.11.2019

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 9.11.2019



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SATYAJIT SAMANTRAY

Date of Conference/workshop/ Seminar 13.02.2020

Name of Conference online Internal conference on "technology transfers & spinoffs" Location KEC, BBSR
PC guided design & manufacture

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 0

Boarding expenses 0

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 0

Total expense submitted for reimbursement _____

Employee Signature Satyajit Samantray Date 14.02.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 14.02.2020

I recommended: Yes/No

Principal Signature Sarat Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____
Amount Reimbursed 3000 Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 14.02.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Alok Sunder Mohanty

Date of Conference/workshop/Seminar 7/8/19

Name of Conference online international conference the aerodynamic design of the wind turbine Location GIET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 4000/-

Travel Expenses 1000/-

Boarding expenses 1000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 6000/-

Employee Signature Alok Sunder Mohanty Date 8/8/19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Saha Date 8/8/19

I recommended: Yes/No

Principal Signature Sarati Kumar Mishra

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes ___ No ___ Date of Requisition _____

Amount Reimbursed 6000/- Amount Un-reimbursed 00

HR Approval Saemita Parida Date 8/8/19



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Pradyut Kumar Swain

Date of Conference/workshop/Seminar 13/10/2020

Name of Conference Online, two day National Conference on "APPLICATION OF DUAL FUEL ENGINE" Location NMIT, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 2000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 2000/-

Employee Signature Dr. Pradyut Kumar Swain Date 14/10/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Swain Date 14/10/20

I recommended: Yes/No

Principal Signature Pradyut Kumar Swain

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Date of Requisition _____

Amount Reimbursed 2000 Amount Un-reimbursed 00

HR Approval Sasmita Parida Date 14/10/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Shaik Mozammil

Date of Conference/workshop/Seminar 16/10/2020

Name of Conference Online International Conference on "CHALLENGES FOR THE ADVANCED MATERIAL & PROCESSING" Location AIET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source N/A amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Dr. Shaik Mozammil Date 17/10/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Suman Date 17/10/20

I recommended: Yes/No

Principal Signature Pradyot Kumar Suman

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Reimbursement Approved? Yes No _____ Datatec Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Sasmita Parida Date 7/10/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NIRNAL CHARAN MALLICK
Date of Conference/workshop/ Seminar 5.11.2020
Name of Conference online workshop on advanced composite materials Location CEC, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source ND amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Nirnal Charan Mallik Date 6.11.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradeep Kumar Jena Date 6/11/20

I recommended: Yes/No

Principal Signature Pradeep Kumar Jena

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Reimbursement Approved? Yes No Date of Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Sachita Parida Date 6/11/20



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BABITA MEHER

Date of Conference/workshop/Seminar 20.10.2020

Name of Conference online national conference on mechanical energy storage Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000

Employee Signature Babita meher Date 21-10-2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Samr Date 21/10/20

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

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Reimbursement Approved? Yes No _____ Datatec Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Saimita Parida Date 21/10/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Biswa Ranjan Biswal

Date of Conference/workshop/ Seminar 26/10/2020

Name of Conference Online International Conference on "SEMI ACTIVE SUSPENSION SYSTEM" Location GIFT, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Biswa Ranjan Biswal Date 27/10/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pranab Kumar Sahoo Date 27/10/20

I recommended: Yes/No

Principal Signature Pranab Kumar Sahoo

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Reimbursement Approved? Yes No _____ Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00

HR Approval Sasmita Parida Date 27/10/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SITENDRA NARAYAN BISWAL

Date of Conference/workshop/ Seminar 15/9/20

Name of Conference Online International Conference on Automation & Mechatronics Engg. Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sitendra Narayan Biswal Date 16/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Swain Date 16/9/20

I recommended: Yes/No

Principal Signature Pranav Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 16/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name TAPAS KUMAR PANDA

Date of Conference/workshop/ Seminar 16/9/20

Name of Conference Online National Conference on Advanced Composite Materials Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Tapas Kumar Panda Date 17/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Sin Date 17/9/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 17/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PILI KUMARI SAHOO

Date of Conference/workshop/ Seminar 18/9/20

Name of Conference online national conference on functional materials & Applied Technologies Location GEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Pili Kumari Sahoo Date 19/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Subudhi Date 19/9/20

I recommended: Yes/No

Principal Signature Pradyot Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No
Amount Reimbursed 3000/-
HR Approval Sumanita Parida Date 19/9/20
Datatel Requisition
Amount Un-reimbursed 00/-



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BHAGYASHREE PANDA

Date of Conference/workshop/ Seminar 25/9/20

Name of Conference Online National Conference on Robotize Systems & Vehicle Technology Location GJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Bhagyashree Panda Date 26/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pratya Kumar Jena Date 26/9/20

I recommended: Yes/No

Principal Signature Pratya Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval caemita parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 26/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SURAJ KUMAR PATEL

Date of Conference/workshop/Seminar 29/9/20

Name of Conference Online national conference on Advanced Manufacturing & Materials Location NMIIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Suraj Kumar Patel Date 30/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravrat Kumar Subudhi Date 30/9/20

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00/-

HR Approval Sumanita Parida

Date 30/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. P. PAUL PANDIAN
 Date of Conference/workshop/ Seminar Online national 8/10/20
 Name of Conference Online national conference on Laser Cutting System Location AJET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature P Paul Pandian Date 9/10/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prasanna Kumar Jena Date 9/10/20

I recommended: Yes/No

Principal Signature Prasant Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Salmata Parida Date 9/10/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. Sarat Kumar Mishra

Date of Conference/workshop/Seminar 5/11/20

Name of Conference Online International conference on Advanced Composite Materials Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sarat Kumar Mishra Date 6/11/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 6/11/20

I recommended: Yes/No

Principal Signature Pradyot Kumar Sahoo

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 6/11/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. HIMANSHU SEKHAR MOHARANA

Date of Conference/workshop/ Seminar 23/4/20

Name of Conference Online International conference on Active Suspension System Location ABIT, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Himanshu Sekhar Moharana Date 24/4/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravrat Kumar Date 24/4/20

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saemita Parida Date 24/4/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JAPAN KUMAR MOHANTY

Date of Conference/workshop/ Seminar 2/12/20

Name of Conference Online national conference on Air cushion vehicles Location MIET, B.B.S.P

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Japan Kumar Mohanty Date 3/12/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyut Kumar Jena Date 3/12/20

I recommended: Yes/No

Principal Signature Pradyut Kumar Jena

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00/-

HR Approval Salmita Parida

Date 3/12/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name BIDYUTA RANJAN ROY

Date of Conference/workshop/ Seminar 28/12/20

Name of Conference Online International Conference Location KIST, BBSR
on Synthesis, characterization & modelling study of advanced materials

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Bidyut Ranjan Roy Date 29/12/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 29/12/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00/-

HR Approval Saimita Parida

Date 29/12/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ASAYA KUMAR BEURA

Date of Conference/workshop/ Seminar 6/1/21

Name of Conference Online national conference on Automobile safety system Location GPEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Asaya Kumar Beura Date 7/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 7/1/21

I recommended: Yes/No

Principal Signature Pradyumn Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 7/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MANDHAR KUMAR SINGH

Date of Conference/workshop/ Seminar 7/1/21

Name of Conference Online International Conference on Biomass fuelled power plant Location GITAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Mandar Kumar Singh Date 8/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Singh Date 8/1/21

I recommended: Yes/No

Principal Signature Pradyot Kumar Singh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Salmita Parida Date 8/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANJEET RAS

Date of Conference/workshop/ Seminar 8/1/21

Name of Conference Online workshop on Cryogenic treatment of brake rotors Location EAST, B.B.S.R.

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sanjeet Raj Date 9/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Kumar Jena Date 9/1/21

I recommended: Yes/No

Principal Signature Prasant Kumar Sahu

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saemita Panda Date 9/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. GIRIJA PRASAD SAHOO

Date of Conference/workshop/ Seminar 16/1/21

Name of Conference Online national seminar on Ceramic Disc brakes Location KEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 50/-

Boarding expenses 50/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Girija Prasad Sahoo Date 17/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyot Kumar Jena Date 17/1/21

I recommended: Yes/No

Principal Signature Pravak Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 0/-

HR Approval Saimita Panda Date 17/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SUNITA BAL

Date of Conference/workshop/ Seminar 22/1/21

Name of Conference Online International Conference Location RFL, BBSR
on Corrosion-resistant gearbox

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sunita Bal Date 23/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumna Kumar Date 23/1/21

I recommended: Yes/No

Principal Signature Pravat Kumar Sahoo

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saimita Parida Date 23/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SATYAJIT SAMANTRAY

Date of Conference/workshop/ Seminar 10/2/21

Name of Conference Online national seminar on Digital Manufacturing Location NIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Satyajit Samantroy Date 11/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Date 11/2/21

I recommended: Yes/No

Principal Signature Harat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Sreemita Parida Date 11/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANUSAYA A NANDA

Date of Conference/workshop/ Seminar 17/2/21

Name of Conference Online International conference on Double-Wishbone suspension Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Anusaya Nanda Date 18/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Jena Date 18/2/21

I recommended: Yes/No

Principal Signature Pradyumn Kumar Jena

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saimita Parida Date 18/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr PRADIPTA KUMAR DAS

Date of Conference/workshop/ Seminar 26/11/20

Name of Conference Online national conference on Advanced Propulsion Methods Location HIT, B.B.SR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Pradipta Kumar Das Date 27/11/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Kumar Das Date 27/11/20

I recommended: Yes/No Yes No

Principal Signature Pradyumn Kumar Das

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Smriti Parida Date 27/11/20

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAKASH DEHURY

Date of Conference/workshop/Seminar 15.9.2020

Name of Conference online International Conference on Semantic web Conference Location GEC, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Prakash Dehury Date 15.9.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Kumar Date 16/9/20

I recommended: Yes/No

Principal Signature Praveen Kumar Sahu

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Reimbursement Approved? Yes No Date of Requisition

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Samita Panda Date 16/9/2021

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. AMIYA KUMAR SAHOO
Date of Conference/workshop/ Seminar 9/9/2020
Name of Conference online workshop on cryptographic Hardware and Embedded systems Location MIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 4000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 4000

Employee Signature Dr. Amiya Kumar Sahoo Date 10/9/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Kumar Date 10/9/2020

I recommended: Yes/No

Principal Signature Praveen Kumar Subudhi

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Reimbursement Approved? Yes [checked] No
Amount Reimbursed 4000/- Amount Un-reimbursed 00
HR Approval Samita Parida Date 10/9/2020

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name VIDYA MOHANTY

Date of Conference/workshop/Seminar 13/10/2020

Name of Conference online national conference on Tpat, speech and Dialogue. Location EATM, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NLD amount 00

Total expense submitted for reimbursement _____

Employee Signature Vidya Mohanty Date 13/10/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pranav Kumar Date 13/10/20

I recommended: Yes/No

Principal Signature Pranav Kumar Subudhi

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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Saimita Panda Date 13/10/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name TAPAS RANJAN BAITHARU

Date of Conference/workshop/ Seminar 22/9/20

Name of Conference Online International Conference on Database Theory Location NMIE T, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Tapas Ranjan Baittharu Date 23/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Kumar Subudhi Date 23/9/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 23/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAVAT KUMAR RAUTRAY

Date of Conference/workshop/ Seminar 9/10/20

Name of Conference Online International Conference on Semantics Web Conference Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Pravat Kumar Rautray Date 10/10/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Rautray Date 10/10/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000/- Amount Un-reimbursed 00/-
HR Approval Saemita Parida Date 10/10/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. AMIT KUMAR JANA

Date of Conference/workshop/ Seminar 17/11/20

Name of Conference Online International Conference on Information Systems Location NMIEIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement _____

Employee Signature Amit Kumar Jana Date 18/11/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Routray Date 18/11/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saumita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 18/11/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. LAXMI

Date of Conference/workshop/ Seminar 18/1/21

Name of Conference Online National Conference on Big Data Analytics in Precision Agriculture Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NB amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Laxmi Date 19/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Parat Patray Date 19/1/21

I recommended: Yes/No

Principal Signature Prasant Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00/-

HR Approval Saloni Parida

Date 19/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANJAY KUMAR PADHI

Date of Conference/workshop/ Seminar 15/2/21

Name of Conference Online International Conference on Comparative Study of Computationally Intensive Algorithms on CPU & GPU Location CEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sanjay Kumar Padhi Date _____

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Routray Date 16/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saemita Parada Date 16/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name AMBUTJA KUMAR PARIDA

Date of Conference/workshop/ Seminar 17/2/21

Name of Conference Online National Conference on Bare Metal Cloud Builder Location NMIET, BBSA

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Ambuja Ku. Parida Date 18/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Patray Date 18/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Sahu

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Samita Parida Date 18/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRAVAT MALLICK

Date of Conference/workshop/Seminar 9/3/21

Name of Conference Online International Conference on Adhoc PMA Label Generator using RFID Tracking Location CCL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Pravat Mallik Date 9/3/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Routray Date 9/3/21

I recommended: Yes/No

Principal Signature Pravat Kumar Sushudh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00/-

HR Approval Caemita Parida

Date 9/3/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUDHARANI MAHAPATRA

Date of Conference/workshop/ Seminar 16/3/21

Name of Conference Online National Conference on Computer & Social Media Engg. Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 50/-

Boarding expenses 50/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount NA

Total expense submitted for reimbursement 3050/-

Employee Signature Sudharani Mahapatra Date 17/3/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravat Routroy Date 17/3/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3050/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 50/-

Date 17/3/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. PRAVAT KUMAR SUBUDHI

Date of Conference/workshop/Seminar 2/3/21

Name of Conference online international conference European conference on Information System Location GEC, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Pravat Kumar Subudhi Date 9/3/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Raja chandra Sahu Date 03-03-21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Sasmita Parada Date 03/03/21

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Bhubaneswar-752050



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRITYA CHANDAN SATPATHY

Date of Conference/Workshop/Seminar 28/01/21

Name of Conference online international conference on Semantic Web Conference Location DRIEMS, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Pritya Chandan Satpathy Date 29/01/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Kumar Subudh Date 29-01-21

I recommended: Yes/No

Principal Signature Praveen Kumar Subudh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Sabina Jha Panda Date 29/01/21

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name LT. RUDRA PRASAD NANDA

Date of Conference/workshop/ Seminar 13/12/21

Name of Conference online international conference on Database Theory Location AJET, Bhubaneswar

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount 00/-

Total expense submitted for reimbursement 3000/-

Employee Signature Rudra Prasad Nanda Date 13/12/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Chandra Saha Date 18.02.21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

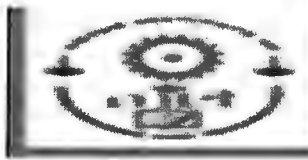
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Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Sasmita Panda Date 18/02/21

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. SUDHANSU SEKHAR KHUNTIA

Date of Conference/workshop/Seminar 4/3/21

Name of Conference online national seminar Location NMIET, Bhubaneswar
Semi Active Suspension system

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sudhansu Sekhar Khuntia Date 5/3/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Chada Sengupta Date 5-03-21

I recommended: Yes/No

Principal Signature Pravrat Kumar Sahu

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Sasmita Parida Date 5/3/21

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANGITA PAL

Date of Conference/workshop/ Seminar 15/1/2021

Name of Conference Online International Conference on Trends in Electronics & Informatics Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sangita Pal Date 16/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praveen Satpathy Date 16/1/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Sreemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00

Date 16/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SANJAY KUMAR SARANGI

Date of Conference/workshop/ Seminar 3/2/21

Name of Conference Online International Conference on Optical Storage Technology Location MIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sanjay Kumar Sarangi Date 4/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Satpathy Date 4/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Salmita Parida Date 4/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr SWAGATIKA PANDA

Date of Conference/workshop/ Seminar 5/5/20

Name of Conference Online National Conference on Organiza Location GIFT, BBSR
Light Emitting Diodes (OLEDs)

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Swagatika Panda Date 6/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Sahoo Date 6/5/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00/-

HR Approval Saimita Panda

Date 6/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SHAHENAZ PARWEEN

Date of Conference/workshop/ Seminar 6/7/20

Name of Conference Online International Conference on Database Theory Location G.I.E.T, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Shahenaz Parween Date 7/7/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Poigachon Sapatky Date 7/7/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Sasmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 7/7/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RANJIT KUMAR NAYAK

Date of Conference/workshop/Seminar 18/11/20

Name of Conference Online International Conference on Surge Current Protection using Superconductors Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Ranjit Kumar Nayak Date 19/11/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pradyumn Sanyal Date 19/11/20

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saemita Parida Date 19/11/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANKITA PANDA

Date of Conference/workshop/ Seminar 8/3/21

Name of Conference Online National Conference on Location EATM, BBSR
Communication, Computing and Electronics Systems

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Ankita Panda Date 9/3/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Debi Lakshmi Date 9/3/21

I recommended: Yes/No

Principal Signature Prasant Kumar Subudhi

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Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saimita Parida Date 9/3/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JYOTIRMAYEE PANDA
Date of Conference/workshop/ Seminar 8/3/2021
Name of Conference online national workshop on "Barakuda concrete" Location OMET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Jyotirmayee Panda Date 9/3/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Jagadipati Bhusin Rao Date 9/3/2021

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

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Reimbursement Approved? Yes No
Amount Reimbursed 2000/- Amount Un-reimbursed 00
HR Approval Saimita Das Date 9/3/2021



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name OSIN SANGHAMITRA PATEL

Date of Conference/workshop/ Seminar 5/4/2020

Name of Conference Online National workshop on IT skills
 Ribbon Badge Location DREEML, CUTACK

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Osin Sanghamitra Patel Date 6/4/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pragya Kumar Subudhi Date 6/4/2020

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

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Reimbursement Approved? Yes No
Amount Reimbursed 3000/- Datatel Requisition _____
Amount Un-reimbursed 00
HR Approval Salvita Panda Date 6/4/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MILANCHALA SWAIN

Date of Conference/workshop/ Seminar 6.9.2020

Name of Conference online national conference on light weight concrete Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Milanchala Swain Date 7/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravin Kumar Sharma Date 7/9/20

I recommended: Yes/No

Principal Signature Pravin Kumar Sharma

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000/- Amount Un-reimbursed 00
HR Approval Sarita Das Date 7/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MR. UMAKANTA PRADHAN

Date of Conference/workshop/ Seminar 12.10.2020

Name of Conference online international conference on solar energy Location EATU, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source AID amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Mr. Umakanta Pradhan Date 12.10.20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prabhakar Bina Rao Date 12/10/2020

I recommended: Yes/No

Principal Signature Aravind Kumar Sahu

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000

Amount Un-reimbursed 00

HR Approval Sarita Parida

Date 13/10/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SHRADHANANDA GHADGI

Date of Conference/workshop/ Seminar 5/1/2021

Name of Conference online national seminar on
5G AI technology Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Shradhananda Ghadgi Date 6/1/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pragya Patra Date 6/1/2021

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00

HR Approval Saemita Parida

Date 6/1/2021



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name NILIMASHREE NIHARIKA

Date of Conference/workshop/ Seminar 19/8/2020

Name of Conference Online National Conference on Use of Remote Learning for 1000-1000 water allotment. Location DR/BNL, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source N/A amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Nilimashree Niharika Date 20/8/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Poojapatri Devi RUP Date 20/8/20

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

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Reimbursement Approved? Yes No

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00

HR Approval Geemita Das

Date 20/8/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name RACMITA BHUVAN
Date of Conference/workshop/ Seminar 20/8/2020
Name of Conference Online workshop on River Mechanics Location GEC, BBR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Racmita Bhuvan Date 21/8/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Patel Date 21/8/2020

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No
Amount Reimbursed 3000/- Amount Un-reimbursed 00
HR Approval Racmita Bhuvan Date 21/8/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name JAYASHREE BHUYAN

Date of Conference/workshop/ Seminar 7/2/21

Name of Conference Online International conference on Hybrid Concrete-Building Conference Location MIRET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Jayashree Bhuyan Date 8/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pragya Kumar Das Date 8/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

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Reimbursement Approved? Yes [checked] No
Amount Reimbursed 3000/- Amount Un-reimbursed 00/-
HR Approval Saronita Parida Date 8/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ANITARYAMI BADU

Date of Conference/workshop/ Seminar 8/2/21

Name of Conference Online national seminar on Civil & Building Engg. Conference Location CEB, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement _____

Employee Signature Anitaryami Badu Date 9/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pragya Kumar Mishra Date 9/2/21

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

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Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Soemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 9/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PRIYABRATA GARU

Date of Conference/workshop/ Seminar 9/2/21

Name of Conference Online National workshop on Structural Health Monitoring in Civil Engrg. structures Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Priyabrata Garu Date 10/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Prajyotraj Bhina Rao Date 10/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saumita Parida Date 10/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name STUTEE MOHANTY
Date of Conference/workshop/ Seminar 7/2/21
Name of Conference Online National workshop on Precast Construction Technology Location KEEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2500/-
Travel Expenses 00/-
Boarding expenses 00/-
Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Stutee Mohanty Date 8/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhapa Krui Bhima Das Date 8/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No
Amount Reimbursed 3000/- Amount Un-reimbursed 00/-
HR Approval Seemita Parida Date 8/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MOUSUMI PUHAN

Date of Conference/workshop/ Seminar 8/2/21

Name of Conference Online National Conference on Recent Advances in Concrete Technology Location REC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement _____

Employee Signature Mousumi Puhani Date 9/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Prati Bhatnagar Date 9/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 9/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. NIRMAL KUMAR SAHOD

Date of Conference/workshop/Seminar 17/2/21

Name of Conference Online National Conference on Behaviour of structures & composite structures Location GITAM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses Nil/-

Boarding expenses Nil/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Nirmal Kumar Sahod Date

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajhampatou Bhima Rao Date 18/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Sahu

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Datatel Requisition

Amount Reimbursed 3000/-

Amount Un-reimbursed Nil

HR Approval Saemita Parida

Date 18/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SMITA SAHOO

Date of Conference/workshop/ Seminar 8.3.2021

Name of Conference online workshop on modern digital marketing and application course Location HIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature Smita Sahoo Date 9/3/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Kishore Bhatnagar Date 9/3/2021

I recommended: Yes/No

Principal Signature Pravat Kumar Sahu

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Savitri Parida Date 9/3/2021



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name MURARI PRASAD PANDA

Date of Conference/workshop/ Seminar 19/2/2021

Name of Conference Online National Conference on Zoning in water treatment Location ABIT, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ALO amount 00

Total expense submitted for reimbursement _____

Employee Signature Murari Prasad Panda Date 20/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rooparani Bhirra Rao Date 20/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 3000

HR Approval Sarada Panda

Datatel Requisition _____

Amount Un-reimbursed 00

Date 20/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SAGARIKA PASAYAT

Date of Conference/workshop/Seminar 5/1/2021

Name of Conference online national seminar on Design of efficient surface aerators for waste water treatment Location CGL, BBLR

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement _____

Employee Signature Sagarika Pasayat Date 6/1/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajbupatomi Blusa Rao Date 6/1/21

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval Smita Dasgupta Date 6/1/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name: Dr. COURAV DEBASIS

Date of Conference/workshop/Seminar: 14/9/2020

Name of Conference: online international conference on behavior of structures and composite structures Location: EAST, BBSR

Expenses Submitted for Reimbursement

Registration Fees: 2000/-

Travel Expenses: 00

Boarding expenses: 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source: NO amount: 00

Total expense submitted for reimbursement: 2000/-

Employee Signature: Courav Debasish Date: 15/9/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature: Parghupatoumi Mishra Rao Date: 15/9/2020

I recommended: Yes/No

Principal Signature: Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: 2000

HR Approval: Sarita Parida

Datatel Requisition: _____

Amount Un-reimbursed: 00

Date: 15/9/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. HARISH CHAND GIRI
Date of Conference/workshop/ Seminar 3/9/2020
Name of Conference online National conference of recent Advances in concrete Technology Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount 00

Total expense submitted for reimbursement 2000/-

Employee Signature Harish chand Giri Date 4/9/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumar Bhima Rao Date 4/9/20

I recommended: Yes/No

Principal Signature Anant Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No
Amount Reimbursed 2000/- Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 4/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name - Dr. ATUL

Date of Conference/workshop/ Seminar - 2.9.2020

Name of Conference - Assessment of Railway Bridge Location - EAST, BBSR

Expenses Submitted for Reimbursement

Registration Fees - 3000/-

Travel Expenses - 00

Boarding expenses - 00

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source - NO amount - 00

Total expense submitted for reimbursement - 3000/-

Employee Signature - Atul Date - 3.9.20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature - Rajkumar Parida Date - 3/9/20

I recommended: Yes/No

Principal Signature - Pravat Kumar Subudh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed - 3000

HR Approval - Samira Parida

Datatel Requisition

Amount Un-reimbursed - 00

Date - 3/9/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. POGHUPATOUNI BHIMA PAO

Date of Conference/workshop/ Seminar 25.8.2020

Name of Conference online National workshop on seismic site characterization Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 2000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 2000

Employee Signature Poghapatouni Bhima Pao Date 26.8.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Poghapatouni Bhima Pao Date 26.8.2020

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes 1 No Datatel Requisition
Amount Reimbursed 2000 Amount Un-reimbursed 00
HR Approval Saimita Parida Date 26.8.2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SHAMPIDRAJANYA SATPATHY

Date of Conference/workshop/ Seminar 24/8/2020

Name of Conference online National seminar on fatigue and fracture behaviour of plain concrete, Location A I E T, B B I R

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000

Employee Signature Shampidrajanya Satpathy date 25/8/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Jagadipatani Bhimarao Date 25/8/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 3000 Amount Un-reimbursed 00

HR Approval [Signature] Date 25/8/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name N. GIRIB MOHANTY
 Date of Conference/workshop/ Seminar 21/8/2020
 Name of Conference online international conference on engineering modeling of earthquake source Location GEC, Bhub.

Expenses Submitted for Reimbursement

Registration Fees 3000/-
 Travel Expenses 00
 Boarding expenses 00
 Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount 00

Total expense submitted for reimbursement 3000/-

Employee Signature N. Girib Mohanty Date 22/8/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyashree Bhinara Date 22/8/2020

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

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Reimbursement Approved? Yes No Datatel Requisition _____
 Amount Reimbursed 3000/- Amount Un-reimbursed 00
 HR Approval Saumita Parida Date 22/8/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PUSPALATA PRADHAN

Date of Conference/workshop/ Seminar 25/2/21

Name of Conference Online National Seminar on Solid Waste Management Location SIT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Puspalkata Pradhan Date 26/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pooja Patra Bhisra Rao Date 26/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

Datatel Requisition _____

Amount Un-reimbursed 00/-

HR Approval Saemita Parida

Date 26/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. PRASANNA KUMAR ROUT
Date of Conference/workshop/Seminar 18/2/21
Name of Conference Online National Seminar on Structured Irrigation Network Location TITE, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00/-
Boarding expenses 00/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NAI

Total expense submitted for reimbursement 3000/-

Employee Signature Prasanna Kumar Rout Date 19/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajbhuwanari Bhisna Das Date 19/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000/- Amount Un-reimbursed 00
HR Approval Saimita Parida Date 19/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DR. KHARABELA SWAIN

Date of Conference/workshop/Seminar 19/2/21

Name of Conference Online national Conference on Structural Dynamics Location GEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Kharabela Swain Date _____

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajkumari Biswal Date 20/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Salmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 20/2/21



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Arya Vihar, Barakuda, Panchagaon, Bhubaneswar-752050

CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. MADHABA CHANDRA ROUT

Date of Conference/workshop/ Seminar 8/3/21

Name of Conference Online Workshop on Modern Building Methods & Engg. Applications Conference Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source ND amount NA

Total expense submitted for reimbursement _____

Employee Signature Madhava Ch. Rout Date 9/3/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Pravrat Kumar Subudhi Date 9/3/21

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 9/3/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUKUMAR JOSHI

Date of Conference/workshop/ Seminar 7/2/21

Name of Conference Online International Conference on High Rise Buildings Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sukumara Joshi Date 8/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Praghu Patraui Choudhary Date 8/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 8/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name PANDHYA PRIYA BARAL

Date of Conference/workshop/ Seminar 24/2/21

Name of Conference Online National Seminar on Ground Improvement Techniques Location OEC BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Pandhya Priya Baral Date 25/2/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Rajyadrami Bhara Rao Date 25/2/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhr

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saimita Parida Date 25/2/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Subhasish Mohanty
Date of Conference/Workshop/Seminar 9.3.2021
Name of Conference online ist odisha international conference technology on Electrical power Engg. Communication Computer Location AIBT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) = 00

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Subhasish Mohanty Date 10/3/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 10/3/2021

I recommended: Yes/No

Principal Signature Pravat Kumar Subudh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Date of Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Sasmita Parida Date 10/3/21

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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBASISH MISHRA

Date of Conference/workshop/Seminar 12.9.2020

Name of Conference online National seminar on absorption refrigeration system using engine exhaust Location OEC, BBL

Expenses Submitted for Reimbursement

Registration Fees 3000

Travel Expenses 00

Boarding expenses 00

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000

Employee Signature Debasish Mishra Date 12.9.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 13/5/2020

I recommended: Yes/No

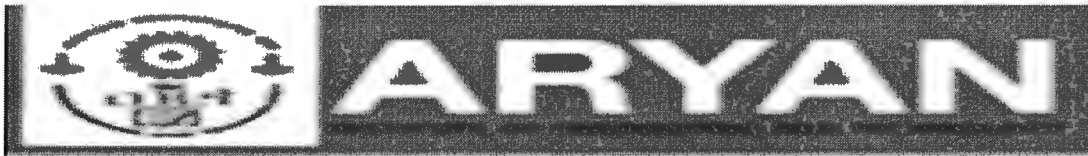
Principal Signature Prasant Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No Datatec Requisition

Amount Reimbursed 3000 Amount Un-reimbursed

HR Approval Saemita Parida Date 13/5/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ATIT KUMAR PANDA
Date of Conference/workshop/Seminar 8/5/2020
Name of Conference online national conference on application and use of Nano composite materials Location GIET, DBIR

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00
Boarding expenses 00
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Ajit Kumar Panda Date 8/5/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 8/5/2020

I recommended: Yes/No

Principal Signature Pranab Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes ✓ No _____ Datatec Requisition _____
Amount Reimbursed 3000 Amount Un-reimbursed 00
HR Approval Sasmita Parada Date 8/5/2020



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SRINIVAS

Date of Conference/workshop/ Seminar 4/5/20

Name of Conference Online International Conference on Soft Computing Systems Location GEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Srinivas Date 6/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 6/5/20

I recommended: Yes/No Yes

Principal Signature Rohat Kumar Sushin

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 6/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. AJAYA KUMAR SWAIN

Date of Conference/workshop/ Seminar 19/5/20

Name of Conference Online Nation Conference on Advanced Electrical and Energy Systems Location NMIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Ajaya Kumar Swain Date 20/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 20/5/20

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saemita Parida Date 20/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DEBENDRA KUMAR SAHOO

Date of Conference/workshop/Seminar 25/5/20

Name of Conference Online International Conference on Rural Electrification Power Conference Location CFL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 000/-

Boarding expenses 000/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Debendra Kumar Sahoo Date 26/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 26/5/20

I recommended: Yes/No

Principal Signature Prasant Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saumita Parada

Datatel Requisition _____

Amount Un-reimbursed _____

Date 26/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUNIL KUMAR MAHAPATRO

Date of Conference/workshop/ Seminar 8.6.20

Name of Conference Online International Conference on The Global Voltage Regulation Location CET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sunil Kumar Mahapatro Date 9/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 9/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Sarmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 9/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ASANTA PRIYADARSHINEE

Date of Conference/workshop/ Seminar 1/6/20

Name of Conference Online National Conference on Transmission of Offshore Wind Farms Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) =

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Asanta Priyadarshinee Date 2/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 2/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes [checked] No

Amount Reimbursed 3000/-

HR Approval Saemita Parida

Datatel Requisition

Amount Un-reimbursed 00/-

Date 2/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DILLIP KUMAR NAYAK

Date of Conference/workshop/ Seminar 16/6/20

Name of Conference Online International Conference on Tsunami Early Warning System Location EATM, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Dilip Kumar Nayak Date 17/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Parida Date 17/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

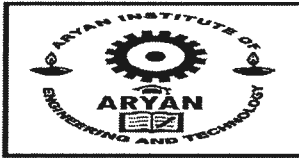
Amount Reimbursed 3000/-

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 17/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANAM DEVI

Date of Conference/workshop/ Seminar 23/6/20

Name of Conference Online International Conference on Ultrasonic Sound Detection & its Applications Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sanam Devi Date 24/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 24/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saloni Patida Date 24/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name HIMANSHU SEKHAR MAHARANA

Date of Conference/workshop/ Seminar 20/6/20

Name of Conference Online International Conference on User Authentication using Automated Biometrics Location DRIEMS, Cuttack

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Himanshu Sekhar Maharana Date 21/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 21/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Sasmita Panda

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 21/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. SILLA RAJUGOPAL

Date of Conference/workshop/ Seminar 6/7/20

Name of Conference Online National Conference on Fault Prediction & Diagnosis Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Silla Rajugopal Date 7/7/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 7/7/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____ Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Saumita Panda Date 7/7/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. JYOTIRMAYA SATPATHY

Date of Conference/workshop/ Seminar 14/7/20

Name of Conference Online A Webinar on Electrification Powerline Networking for a Smart Home Location GITA, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Jyotirmaya Satpathy Date 15/7/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Parida Date 15/7/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Coelmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 15/7/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SASMITA PARIDA

Date of Conference/workshop/ Seminar 20/7/20

Name of Conference Online International Conference on Green Technology for Smart City & Society Location CEB, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement _____

Employee Signature Sasmita Parida Date 21/7/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 21/7/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Sasmita Parida Date 21/7/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABANI KUMAR MUDULI
Date of Conference/workshop/ Seminar 3/8/20
Name of Conference Online national conference on Flexible Location MIET, BBSR
Electrification Power System Design

Expenses Submitted for Reimbursement

Registration Fees 3000/-
Travel Expenses 00/-
Boarding expenses 00/-
Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Abani Kumar Muduli Date 4/8/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Parida Date 4/8/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

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Reimbursement Approved? Yes No Datatel Requisition _____
Amount Reimbursed 3000/- Amount Un-reimbursed 00/-
HR Approval Paemita Parida Date 4/8/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. PRAKASH CHANDRA SATHU

Date of Conference/workshop/ Seminar 9/3/21

Name of Conference Online 1st Odisha International Conference on Electrical Power Engg., Communication & Computing Technology Location GIET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source NO amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Prakash Chandra Sathu Date 10/3/21

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Parida Date 10/3/21

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Salmata Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 10/3/21



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. NABNIT PANIGRAHI

Date of Conference/workshop/ Seminar 4/5/20

Name of Conference Online International Conference on Soft Computing Systems Location GEL, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Nabnit Panigrahi Date 5/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Asit Kumar Panda Date 5/5/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 5/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SUBHENDU SEKHAR SAHOO

Date of Conference/workshop/ Seminar 7/5/20

Name of Conference Online National Conference on Application and uses of Nano Composite Materials Location GRET, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Subhendu Sekhar Sahoo Date 8/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 8/5/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Samita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 8/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SOMNATH MISHRA

Date of Conference/workshop/ Seminar 12/5/20

Name of Conference Online national Seminar on Absorption Refrigeration System using Engine Exhaust Location OEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Somnath Mishra Date 13/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 13/5/20

I recommended: Yes/No

Principal Signature Pravak Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No Datatel Requisition _____

Amount Reimbursed 3000/- Amount Un-reimbursed 00/-

HR Approval Caemita Parida Date 13/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name DIPTI RANJAN PATTNAYAK

Date of Conference/workshop/ Seminar 19/5/20

Name of Conference Online national Conference on Advanced Electrical and Energy Systems Location NMIST, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Dipti Ranjan Pattanayak Date 20/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Parida Date 20/5/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Caemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 20/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name ABHISHEK MOHANTY

Date of Conference/workshop/ Seminar 25/5/20

Name of Conference Online International conference on Rural Electrification Power Conference Location CFC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source no amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Abhishek Mohanty Date 26/5/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 26/5/20

I recommended: Yes/No

Principal Signature Pravrat Kumar Subudhi

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Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Carmita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 26/5/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name SANJEEV KUMAR MISHRA

Date of Conference/workshop/ Seminar 8/6/20

Name of Conference Online International Conference on Location CET, BBSR

The Global Voltage Regulation

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e., Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Sanjeev Kumar Mishra Date 9/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 9/6/20

I recommended: Yes/No

Principal Signature Pranav Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Datatel Requisition _____

Amount Reimbursed 3000/-

Amount Un-reimbursed 00/-

HR Approval Saimita Parida

Date 9/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KRUSHNA KESHAB BARAL

Date of Conference/workshop/ Seminar 1/6/20

Name of Conference Online National Conference on Transmission for offshore wind farms Location GIFT, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Krushna Keshab Baral Date 2/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 2/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Saemita Panda

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 2/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name KISHORA KUMAR SASAMAL

Date of Conference/workshop/ Seminar 16/6/20

Name of Conference Online International Conference Location EATM, BBSR
on Tsunami Early Warning System

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Kishora Kumar Sasamal Date 17/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 17/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudh

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No _____

Amount Reimbursed 3000/-

HR Approval Saimita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 17/6/20



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CONFERENCE /WORKSHOP/SEMINAR REIMBURSEMENT FORM

GENERAL INFORMATION

Employee Name Dr. MOUSUMI PANDA

Date of Conference/workshop/ Seminar 23/6/20

Name of Conference Online International Conference on Ultrasonic Sound Detection & its Applications Location GEC, BBSR

Expenses Submitted for Reimbursement

Registration Fees 3000/-

Travel Expenses 00/-

Boarding expenses 00/-

Other (Please explain) = _____

Did you receive money from any other sources (i.e. , Departmental funds, grants) to pay for this class? If yes, enter source and amount below.

Source No amount NA

Total expense submitted for reimbursement 3000/-

Employee Signature Mousumi Panda Date 24/6/20

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

HOD Signature Ajit Kumar Panda Date 24/6/20

I recommended: Yes/No

Principal Signature Pravat Kumar Subudhi

For Human Resources / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed 3000/-

HR Approval Caemita Parida

Datatel Requisition _____

Amount Un-reimbursed 00/-

Date 24/6/20