

**OFFICE OF THE DIRECTOR
INSTITUTE OF ENERGY, ENVIRONMENT RESEARCH AND DEVELOPMENT (IEERD)
UNIVERSITY OF ASIA PACIFIC (UAP), DHAKA**

Application Form for approval by IEERD for **Attending Workshop/Seminar** submitted by the Applicant. Please fill up the required information correctly.

Date: -----

1. **Name of the Applicant/Applicants:** -----

(Block Letters)

Designation: -----
Post Graduate Degrees/Certificates Obtained: -----
2. **Name of the Department:** -----
3. **Name of the Co-Author/ Partners and their affiliation(s) (if any):** -----

Post Graduate Degrees/Certificates Obtained: -----

[You can attach additional sheets to cover]
4. **Tentative Title of the Paper/ Subject/Workshop/Seminar:** -----
5. **Abstract of the Paper/Theme of Seminar** _____

6. **Name of the International Journal/Seminar Accepted Paper/Offered Participation or State Existing Status of Your Paper/Workshop/Seminar:**

7. **Enclosed Documents of Correspondences if You Have :**

8. **Tentative Time and Date of Publication of Journal/ Seminar or Workshop Time:**

9. **Does this conference meet the standard set by your department?.....**
10. **Did you attend the conference in person?.....**
11. **Does this publication indexed in: SCOPUS/ ISI WOS?**
12. **Tentative Submission Date of Your Draft Paper/Contributory Paper for Participating in Workshop/Seminar to IEERD:**

13. **References of Previous Publications/Participation in Workshop/Seminar :**

14. **List of Previous Publication/Participation in Workshop/Seminar Funded through IEERD (if any):**

15. Tentative Workshop Dates on the Theme of Publication or Workshop/Seminar:

16. Tentative Cost Estimate: (Invoice / Quotation must be provided for each and every items which cost Tk.10,000/- and more)

- | | |
|---|-----------|
| (a) Registration Fee (Breakup needed) | Tk. _____ |
| (b) Correspondences Fee(if applicable) | Tk. _____ |
| (c) Conveyance for Data Collection (With Breakup) | Tk. _____ |
| (d) Typing, Drafting, Binding & Paper etc. | Tk. _____ |
| (e) Tentative Workshop Participation Expenses | Tk. _____ |
| (f) Cost of Air Fare/Hotel (with all break-up) | Tk. _____ |

(Break-up may be provided in separate sheet if necessary. Relevant vouchers to be enclosed)

17. Signature of the Applicants:

_____	_____	_____
Signature	Signature	Signature of Head

18. Comments of Director, IEERD:

_____	Date _____
Signature of Director	

19. IEERD Committee:

Meeting No.: ----- **Resolution No.:** ----- **Date:** -----

20. Approved by Chairman, Advisory Council:

Meeting No: ----- **Resolution No.:** ----- **Date:** -----

21. Names and signatures of the members of the Approval Committee (If any):

(1) Name: -----Signature: -----

(2) Name: -----Signature: -----

(3) Name: -----Signature: -----

(4) Name: -----Signature: -----