

CECOS UNIVERSITY  
**Training Authorization Form**

ORIC – P3

Name Emp ID: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Training Title: \_\_\_\_\_

Type of Training (e.g., lecture, hands-on, online etc): \_\_\_\_\_

Name of Organizer and/or Lead Person: \_\_\_\_\_

Does the training meet International Standards (i.e., ISO9001)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Training Venue (*if not Online or in-house*): \_\_\_\_\_

Training Date(s): \_\_\_\_\_ Duration of Training: \_\_\_\_\_ Days

Training Cost: \_\_\_\_\_ Earlybird Discount (if any): \_\_\_\_\_

Is the training being fully/ partially funded through another source: \_\_\_\_\_ YES\* \_\_\_\_\_ NO

**HOW WILL THIS ACTIVITY BENEFIT YOU or CECOS?** *(use extra sheet if required)*

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**ESTIMATED COST**

| <u>Registration</u> | <u>Travel</u> | <u>Accommodation</u> | <u>DA/Meals</u> | <u>Other*</u> | <u>TOTAL</u> |
|---------------------|---------------|----------------------|-----------------|---------------|--------------|
| Rs _____            | Rs _____      | Rs _____             | Rs _____        | Rs _____      | Rs _____     |

*\* If other, please submit details*

***Undertaking:*** Upon completion of training, the undersigned understands that s/he will be required to deliver a formal seminar during which learning outcomes from their training will be shared with the relevant audience at CECOS University.

**SUBMITTED BY**

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Name
Department
Date
Signature

CECOS UNIVERSITY  
**Training Authorization Form**

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| ORIC – P3 |
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**ENDORSEMENT by HoD**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Will applicant's teaching or other institutional commitments be affected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, have the necessary arrangements been made?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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|             |                   |             |                  |
|-------------|-------------------|-------------|------------------|
| <i>Name</i> | <i>Department</i> | <i>Date</i> | <i>Signature</i> |
|-------------|-------------------|-------------|------------------|

**CHECK LIST: to be verified by ORIC**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has the applicant submitted content of training via hard/soft-copy of program, brochure, email, etc)?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has the applicant submitted profile of trainer(s)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have training details (e.g., type, venue, duration, registration cost, etc) submitted by applicant been verified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the budget requested to attend the training reasonable?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REMARKS (if any):

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**ENDORSEMENT by DIRECTOR, ORIC**

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|             |             |                  |
|-------------|-------------|------------------|
| <i>Name</i> | <i>Date</i> | <i>Signature</i> |
|-------------|-------------|------------------|

**ENDORSEMENT by DEAN**

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|             |                   |             |                  |
|-------------|-------------------|-------------|------------------|
| <i>Name</i> | <i>Department</i> | <i>Date</i> | <i>Signature</i> |
|-------------|-------------------|-------------|------------------|

**ENDORSEMENT by DIRECTOR, FINANCE**

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|             |             |                  |
|-------------|-------------|------------------|
| <i>Name</i> | <i>Date</i> | <i>Signature</i> |
|-------------|-------------|------------------|