



**THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI - 625 015**

**Department of .....**

Ref No:

Date:

**Faculty Development Program**

**Conference / Seminar Participation Report**

1	Name & Designation of Staff Member	
2	Title of the programme	
3	Date and duration of the programme	
4	Name and address of the Organizer(s)	
5	Name of Participation	
6	Programmer Coverage (List the major topics/areas)	
7	Name & address of the experts contacted /interacted/met at the programmer	
8	Benefits of the Programmer	
9	Details of the Documents/Proceedings submitted to the department library	
10	Suggestion for follow up : Introduction of new subjects/experiments/laboratories/organization of courses/conferences/training	
11	Financial support availed/Sanctioned	
12	Suggestions	

**Signature of the Candidate**

**Head of the Department**

**Signature of the DLC(FD)**

**Signature of the CLC(FD)**