



COUNCIL OF ARCHITECTURE TRAINING & RESEARCH CENTRE

Academic Wing of Council of Architecture, New Delhi

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Proposal for collaborative training Programme

Details to be included in proposal for programme to be hosted with COA-TRC

1. **Name & address of coordinating institution** with pin code
2. **Title of the programme** (should convey the content or main thrust of the programme)
3. **Significance & objectives of the programme** (preamble giving brief information about the programme, contents, visits and highlights if any)
4. The programme is **intended for** (state region and age group of participants, whether teachers/professionals)
5. **Type and duration of programme:** Whether FIP/TTP/workshop, number of days)
6. **Proposed dates for the programme:** (suggest tentative dates which may be changed later if necessary)
7. **Name, designation & address of the course coordinator** (CV as separate attachment)
 - Telephone numbers and e-mail addresses of coordinator/s,
 - Qualifications of course coordinator,
 - Area of specialisation
 - Teaching experience (years), Industry experience (years)
 - Subject taught in the past 3 years (specify not more than 3)
 - Number and titles of papers published (if more than 3, pl attach separately)
 - Names and period of short-term courses attended till date
 - Names and period of short term courses conducted earlier
8. **List of identified experts** within your region to offer the course satisfactorily (State area of expertise, brief CV as separate attachment)
9. **Collaborations** with profession/industry/ other institutions/ depts. (indicate name of organization, nature of collaboration and experts involved)
10. **Tentative schedule of the programme** (give titles of technical sessions 4 per day of 90 minutes each)
11. **Any other details about the institution or coordinator(s)** (Specify previous experience in organizing similar programmes, special expertise/ facilities available, etc.)
12. **Details of special equipment or facilities** required for the course (state availability)
13. **Certificate by Coordinator:**

I certify that the details given above are correct to the best of my knowledge and belief.

Place: Date: (Signature of Chief Coordinator with name)

14. Undertaking by Principal/HOD:

I agree to provide all necessary assistance and facilities of the institute for the conduct of the above Programme.

Place: Date: (Signature of the Principal/ Head of the Dept)