



ENGINEERS WITH
SOCIAL RESPONSIBILITY

Dhirubhai Ambani Institute of Information and Communication Technology

DA-IICT Road, Gandhinagar, Gujarat, India 382007.

Tel.: +91 79 6826 1700 | Fax: +91 79 6826 1710 | Web: www.daiict.ac.in

NAAC Accredited Grade A⁺

Recipient of Centre of Excellence Award by the Government of Gujarat

Recipient of '5 Star' in GSIRF Ranking by Government of Gujarat

Course Plan Proposal under CEP

Please see CEP [Policy Document](#)

Conference Short-term Course Workshop Symposium Seminar
 Other _____

A. Basic Information:

Date: _____

| Sr.No. | Item | Details | | |
|--------|-----------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|---------------------------------|
| 1. | Course Title | | | |
| 2. | Course Objective | | | |
| 3(i). | Course Modality | <input type="checkbox"/> Online | <input type="checkbox"/> Offline | <input type="checkbox"/> Hybrid |
| (ii). | Anchor 1 | Name: Email: Phone No: | | |
| (iii) | Anchor 2 (if any) | Name: Email: Phone No: Affiliation: | | |
| 4. | No. of additional instructors (please provide brief bio, and other relevant info) | | | |
| 5. | Total lecture hours: | Lab/Tutorial Hours: | Lecture Hours: | |
| 6. | Course duration (in days) | | | |
| 7. | Tentative Dates, Day and Time | | | |
| 8. | Expected number of participants | | | |
| 9. | Targeted Audience | | | |
| 10. | Registration Fee (per participant incl. GST) | | | |

B. Program Schedule:

| Date | Instructors Name | Topic | Lecture Timing |
|------|------------------|-------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

C. Lab and Infrastructure Requirements: List the specific requirements, including software, hardware, and other infrastructure necessary for the course.

D. Final Examination Schedule (optional): Provide details of the final examination schedule if applicable.

E. Teaching-Assistant Office Hour Schedule (optional): If applicable, provide the schedule for Teaching Assistant office hours along with TA information.

| Date | Instructor/TA/Staff Name | Tutorial/Lab Topics | Tutorial/Lab Timing |
|------|--------------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

F. Certificate Type: Choose one: (a) Participation, (b) Pass/Fail, or (c) Grade.

G. Course Notes:

- The final course plan must be submitted to the Continuing Education Program (CEP) office at least 45 days before the tentative course start date.
- For offline CEP programs, scheduling should preferably align with vacation periods or extended breaks within the semester due to current infrastructure limitations. If the program is offered during working days, ensure it does not interfere with regular classes/labs.
- Please note that any course must have at least two instructors.

H. Budget Details:

Table-1: Revenue

| Expected Revenue | Amount (INR) |
|---------------------------------------------------------|--------------|
| Total Revenue from Registration (incl. GST) | |
| Total Revenue from Sponsorship (incl. GST) | |
| A: Total | |
| B: Reduce GST (18%) | |
| C: Net Amount (A - B) | |
| D: Funding from Govt. or Other GST exempt Agency | |
| E: Net Available Revenue (C + D) | |

Table-2: Expenses

| Expected Expenses | Budget (incl. of GST) (INR) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| A. Instructors Honorarium | |
| No. of sessions | |
| Honorarium (per session) | |
| TOTAL | |
| B. TA/Staff Support Fee | |
| No. of tutorial/lab sessions | |
| Fee(per tutorial/lab session) | |
| TOTAL | |
| C. Food expenses | |
| D. Travel (for external instructor) | |
| E. Accommodation (for external instructor) | |
| F. Marketing (optional) NT 1: Support given by CEP Office, Media Office, and external Marketing Agency (as per requirement) NT 2: Minimum 7% of Net Available Revenue (Table 1.E) | |
| G. Contingencies | |
| H. Institute Overhead* 20% of Net Available Revenue (Table1.E) | |

| | |
|---------------------------------------------------------------|--------------|
| I. Minimum CEP Corpus Addition* (for Long-term CEP) | 1,00,000 INR |
| J. Anchor Faculty Honorarium | 15,000 INR |
| K. Total Expected Expenses | |

*NT: Adjustable to meet financial feasibility under the discretion of the Director of the Institute.

By submitting this course plan, I acknowledge that I have reviewed and agree to adhere to the guidelines provided above.

Anchor's Signature: _____

Date: _____

| | |
|--------------------------------------|--|
| For the use of CEP office | |
| Remarks: | |
| Approved by CEP Convenor/Co-Convenor | |
| Approved by Director | |