विश्वभारती
VISVA-BHARATI

Notification

All academic staffs are requested to submit the proposals for participating in Refresher Course / Orientation Course / Workshop / Short Term Course / Summer School / Winter School / Faculty Induction Program / Faculty Development Programme / NEP Orientation & Sensitization / Invited Lectures / Conference / Others in the attached proforma through proper channel with specific recommendation of the Head of the Department and Principals of the Bhavana or Controlling Officers of the Section through e-office only.

04/08/2026

Ref. No. Est/E-II/G/L.7
Date: 04/08/2026

Registrar
Visva-Bharati

Copy for information and necessary action to:

1. Directors / Principals of all Bhavanas / Vibhagas
2. Heads of all Academic and Administrative Departments/ Section / Offices
3. C.S to Vice-Chancellor
4. Deputy Registrar (Establishment Section)
5. S.O, Registrar's Office

Visva-Bharati

APPLICATION FOR NOC: REFRESHER COURSE/WORKSHOP/CONFERENCE/OTHER PROGRAM

1	Name of the Applicant	
2	Designation with VB ID	
3	Department and Bhavana	
4	Date of Joining	
5	Date of Confirmation	
6	Program Type: (Refresher Course/Orientation Course/Workshop/Short Term Course/Summer School/Winter School/Faculty Induction Program/Faculty Development/NEP Orientation & Sensitization/Invited Lecture/Conference/Others)	
7	Role in Program (Participant/Resource Person/Others)	
8	Program Mode	Online / Offline
9	Name of Organizing Institute with Address	
10	No of similar such Courses/Programs participated since last promotion under CAS	
11	Duration of Course/Program	
12	Period of Leave	To (_____ Days)
13	Leave Type NOTE: Please attach relevant leave application through proper channel	

14	During the period of absence academic/administrative activities will be taken care by	
15	Benefit of Students/University with respect to the participation in this Program	
16	Financial Involvement of University	Yes / No

Place:
Date:

_____
Signature of Applicant
Mobile No:
Email ID:

Declaration of Consent

I hereby provide my consent to take care of the academic/administrative responsibilities of _____during the period of this leave.

_____
Signature
Name:
Designation:
Department/Bhavana:

_____
Remarks and Signature of HOD
With Seal

_____
Remarks and Signature of Principal
With Seal