

ICSSR-NORTHERN REGIONAL CENTRE, NEW DELHI

APPLICATION FORM

Partial Financial Assistance to Organize Seminars/Graduate Seminars/Conferences/Workshops in India

Applicants should read the *General Guidelines*Before completing the Application Form

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Name and Address of the Organizers:	Phone:
	Fax:
	E-mail:
	Website:
Name and address of the Convener	Phone:
	Fax:
	E-mail:
	Website:
	Website.
Theme of the Conference/Seminar/Workshop	2
Theme of the comerence/Seminary Workshop	
	10 1 1 0 1 1 1
Concept Note one Page of Seminar/Conferen	ce/Graduate Seminar/Workshop
Sub-Themes:	Proposed Dates:
1.	
2.	
3.	Venue:
4.	
5.	

Number of	Participants			
		(in number)	(in words)	
Local				
Outstation				
Total				
Funding Details:-				
Detailed Bu	udget indicating a	mount to be incurred on Ta	A/DA, hospitality, Transport,	
Stationery,	Secretarial Assist	ance. Typing and Xeroxing	work and other contingent	
expenditure	e etc.			
S.NO.	Items		Amount	
1.	Domestic Travel			
2.	Accommodation to participants			
3.	Tea- snacks, Lunch and Dinner			
4.	Transport			
5.	Stationery			
6.	Xeroxing			
7.	Secretarial Assist	ances		
8.	Contingency			
9.	Honorarium to Speaker			
10.	Any other (Specify)			
	Total			
Please consul	lt Guidelines for pr	eparing the Funding Details		
	- 1	. 5		

Amount expected from NRC (maximum financial assistance Rs. 1,50,000/-)					
Institutional Funding					
Own Contribution	Amount Sought		Amount sanctioned by the institution		
Funding from other sources:					
Name of organization		Amount Sought		Amount sanctioned	

^{*} F

hereby certify that the above information is correct to the best of my knowledge and that I shall abide by the Terms & Conditions as laid down in the guidelines of the Scheme.
Signature of the Applicant Date
Name (block letters)
Designation:
besignation.
Address:
Signature of the Head of the Institution/Organization (Seal)
Date
Name (block letters)
Designation:
Address:
D.

N.B.

- 1. The application should be forwarded by the Head of the Institute/Organization viz. Director/Registrar/President/Chairman, etc. duly signed and stamped. The applications should reach three months prior to schedule date of seminar/conference/graduate seminar/workshop.
- 2. In case of approval, the funds will be released to the forwarding institution/Organization.
- 3. NGOs should enclose the NGO Profile Form "S" along with relevant documents.
- 4. In case of non-fulfilment of any of the Terms & Conditions, the applicant/organization will not be eligible for further support under any of the schemes of the Centre

Applications, complete in all respects, should be addressed to:

The Hony. Director
Northern Regional Centre
Room No. 003, Old CRS Building
Jawaharlal Nehru University
New Delhi-110067

Annexures / Checklists for Seminar Grant Application

(Please see **GUIDELINES FOR AWARD OF SEMINAR GRANT**)

- 1. Abstracts Form of Seminar Proposal as Annexure I
- 2. Brief CV of the Seminar Convener (3-4 pages) as Annexure II
- 3. Duly attested SC/ST/PWD certificate as Annexure II A
- 4. Concept Notes with Sub-themes (1000-1500 words) and the tentative session-wise programme as Annexure III A and III B, respectively.
- 5. List of paper presenters and speakers as Annexure IV
- 6. Confirmation letters/emails from the speakers and paper presenters as Annexure IVA. Confirmation letters/emails from the national speakers and paper presenters as Annexure IV B.

Forwarding Letter

(Through Head of the Institution/ Registrar in case of University)

The Hony. Director Northern Regional Centre Room No. 003, Old CRS Building Jawaharlal Nehru University New Delhi 110067

The		
(Name of the organization) forwards application of	
Name of the Convener) for the financial assistance for organizing seminar/conference on the theme		
	with an	
undertaking that this organ	nization agrees to administer and manage the ICSSR	
Seminar Grant and provide seminar.	e basic infrastructural facilities for the above-mentioned	
	esponsible for submitting the audited statement of extificate for the grant received by it, for this purpose.	
	Signature (Seal)	
Place:	Name:	
Date:	Designation:	