

SUMMARY **(TO BE FILLED BY ORGANIZER)**

1. Name of the Society/Academic Institution/Organization under whose auspices the Symposium/Seminar/ Conference/Workshop etc. is proposed to be organized: _____

2. Title / Name of the Symposium/Seminar/Conference/Workshop etc :

3. Period of the Symposium/Seminar/Conference/Workshop etc:

| From | | | To | | |
|------|-------|------|------|-------|------|
| Date | Month | Year | Date | Month | Year |
| | | 20__ | | | 20__ |

4. PI indicate which of the CSIR Lab is working in the same area of Conference / Seminar/ Workshop etc. _____

5. Total delegates expected to participate : _____ no(s)

6. Total anticipated expenditure : Rs. _____

7. Total anticipated income : Rs. _____

8. Grant requested from CSIR : Rs. _____

9. Details of enclosures:

| S. No. | Details | Enclosed (PI tick mark ✓) | | Page no of Annexure | |
|--------|---|---------------------------|----|---------------------|----|
| | | Yes | No | From | To |
| i. | In case of a Society- Registration Certificate; Memorandum of Association; Bylaws; Audited statement of accounts of the previous year | | | | |
| ii. | Copy of audited Utilization Certificate of the last grant enclosed | | | | |

Signature of Organizer _____

TO BE FILLED BY CSIR COMMITTEE EXPERT

Recommendation of Expert: Regret / Deferred / Rs _____

Signature of Expert: _____



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

Human Resource Development Group
CSIR Complex, Opp Institute of Hotel Management
Library Avenue, Pusa, New Delhi- 110012, India
Tel: 011- 25841037 Website: <http://csirhrdg.res.in>

APPLICATION PROFORMA FOR SUPPORT TO SYMPOSIUM/ SEMINAR/ CONFERENCE /WORKSHOP

(APPLICATION TO BE TYPED IN ARIAL FONT - 12 SIZE)

CSIR provides grant for the organization of Symposium / Seminar / Conference / Workshop etc of National character. Bonafide all India societies / associations of scientists and engineers and academic institutions are eligible to apply for the Grant. The applications must be received at least two months before the event. The application is to be filled in by the Executive Authority of the Parent Organization and countersigned by the local organizing Committee and the Head of the Institution where the Symposium/Seminar is to be held. **Incomplete applications** in any respect and those not received two months prior to the event will not be considered.

1. (a) Name of the Society/Academic Institution/Organization under whose auspices the Symposium/Seminar/ Conference/Workshop etc. is proposed to be organized. A copy of each of the following may be enclosed in case of a Society- Registration Certificate; Memorandum of Association; Bylaws; Audited statement of accounts of the previous year:

- (b) Type of the Institution/Body (PI tick mark \checkmark) :

| S. No. | Institution/Body | Mark \checkmark |
|--------|-----------------------------|-------------------|
| i. | Govt. Organization | |
| ii. | Non Government Organization | |
| iii. | Central University | |
| iv. | State University | |
| v. | Deemed University | |
| vi. | State Govt College | |
| vii. | Private College | |
| viii. | Autonomous Body | |
| ix. | Research Institute | |
| x. | Professional Body | |
| xi. | Registered Society | |
| xii. | Private Industry | |
| xiii. | Public Sector Undertaking | |
| xiv. | Others (PI Specify) | |

2. (a) Title / Name of the Symposium/Seminar/Conference/Workshop etc :

(b) Major discipline in which it falls (PI tick mark \surd)

| S. No. | Discipline | Mark \surd |
|--------|----------------------|--------------|
| i. | Chemical Science | |
| ii. | Engineering | |
| iii. | Mathematical Science | |
| iv. | Physical Science | |
| v. | Earth Science | |
| vi. | Life Science | |
| vii. | Medical Science | |
| viii. | Multi-discipline | |

(c) Venue of the Symposium/Seminar/Conference/Workshop etc :

Address _____

City _____ State _____

Pin _____

(d) Period of the Symposium/Seminar/Conference/Workshop etc:

| From | | | To | | |
|------|-------|------|------|-------|------|
| Date | Month | Year | Date | Month | Year |
| | | 20__ | | | 20__ |

(e) Complete Address of contact person for all Communication :

Name : Dr/ Ms/ Mr _____

Designation : _____

Department (if any) : _____

Name of the Institute / Society etc: _____

Address _____

City _____ State _____ Pin _____

Contact No with STD code _____

Mobile no _____

e-mail ids _____

(f) When was a Symposium /Seminar/Conference/Workshop etc. on the same topic organized last: _____

3. List of various Technical Sessions attached (PI tick mark \surd): Yes / No

4. (a) Indicate briefly within 20 lines the relevance and scientific / technological importance of organizing the Symposium/Seminar/Conference/Workshop etc. in the context of the present day national needs:

(b) Specify the last Symposium/Seminar/Conference/Workshop etc. organized by the Scientific Society/Academic Institution, what were its recommendations and what follow-up steps have been taken by the Society/Academic Institution /Organization (including involvement of the Scientist of CSIR Laboratories) in implementing the recommendations and also reason out with appropriate justification why the CSIR should support the present Symposium/Seminar/Conference/Workshop etc.:

5. (a) PI indicate which of the CSIR Lab is working in the same area of Conference / Seminar/ Workshop etc. _____

(b) Have you approached any of the CSIR Laboratories for co-sponsorship or for participation in the Symposium/ Seminar/ Conference/Workshop etc. If so, provide the names of such laboratories/Institutes along with details of the different technical sessions :

| S.No | Name of the Laboratory | Technical Session |
|------|------------------------|-------------------|
| i. | | |
| ii. | | |
| iii. | | |
| -- | | |

(c) Names of the CSIR Scientists who will be participating :

| S.No. | Name of the Scientists | Name of the Laboratory |
|-------|------------------------|------------------------|
| i. | | |
| ii. | | |
| iii. | | |
| -- | | |

6. Indicate if the Scientific Society is organizing the Symposium/ Seminar/ Conference/ Workshop etc in collaboration with any Government Department, University Department, Registered Society, or Autonomous Body.(If yes, these may be named): _____

7. Also, attach an attested copy of the willingness letter from the Institute/ Agency, which has extended facility for holding Symposium / Seminar / Conference / Workshop etc:

8. (a) How many total delegates are expected to participate indicating the number of national, foreign delegates, research students etc.

Total Delegates : _____no(s)
National Delegates : _____no(s)

Foreign Delegates : _____no(s)
 Research Students : _____no(s)
 Any Others : _____ no(s)

(b) Indicate also the names of principal speaker(s) delivering keynote addresses of various technical sessions

| S.No. | Names of principal speaker | Detail of Technical Session |
|-------|----------------------------|-----------------------------|
| i. | | |
| ii. | | |
| iii. | | |
| -- | | |

9. How many delegates would read papers : ____ no(s)

10. How many delegates are being offered TA/DA : ____ no(s)

11. (a) Will the proceedings be published (Pl tick mark \checkmark): Yes / No

If yes, i) who is responsible: _____

ii) How many copies are expected to be published: ____ no(s)

(b) Will the proceedings be priced (Pl tick mark \checkmark): Yes / No

If yes, approximate price to be charged: Rs _____

12. Total anticipated expenditure under the following heads:

| S. No. | Budget Head | Amount (Rs) |
|---|---|-------------|
| i. | TA/DA | |
| ii. | Pre-Conference printing (announcements, abstracts etc.) | |
| iii. | Stationery | |
| iv. | Secretarial Assistance | |
| v. | Estimated expenditure on Publication of proceedings* | |
| vi. | Boarding and Lodging of delegates | |
| vii. | Total (12 i to vi) | |
| * Number of pages of proceedings (); Number of copies to be printed () | | |

13. Total anticipated income out of the following:

| S. No. | Title | Amount (Rs) |
|--------|-------------------------------------|-------------|
| i. | Registration fee of the delegates | |
| ii. | Sale of proceedings to be published | |

| | | |
|------|---|--|
| iii. | Any other income / grant from your institute / Other Organization | |
| iv. | Total (13 i to iii) | |

14. a) **Estimated Head-wise Grant requested** from CSIR:

| S. No. | Budget Head | Amount (Rs) |
|---|---|-------------|
| i. | TA/DA | |
| ii. | Pre-Conference printing (announcements, abstracts etc.) | |
| iii. | Stationery | |
| iv. | Secretarial Assistance | |
| v. | Estimated expenditure on Publication of proceedings* | |
| vi. | Boarding and Lodging of delegates | |
| vii. | Total (14 i to vi) | |
| * Number of pages of proceedings (); Number of copies to be printed () | | |

(b) We agree to allow three nominees of CSIR for participation without any registration charges

15. Details of other R&D Organizations / Other agencies who have been approached for sponsoring the proposed activity:

| S. No. | Name of the agency/ R&D Organization | Grant Requested (Rs.) | Grant Received (Rs.) | Grant Expected (Rs.) | Items for which grants have been requested |
|--------|--------------------------------------|-----------------------|----------------------|----------------------|--|
| i. | | | | | |
| ii. | | | | | |
| iii. | | | | | |
| -- | | | | | |

16. (a) Did the organizers receive any grant from CSIR in the past (From 1st Apr 2004 onward) If yes, please indicate:

| S. No. | Total Amount (Rs) | CSIR Grant Reference No | Conference Title and period | Whether the Utilization Certificate have been submitted (indicate the reference number and date also) (Pl tick mark √) | |
|--------|-------------------|-------------------------|-----------------------------|---|----|
| | | | | Yes | No |
| i. | | Sym/ | | | |

| | | | | |
|-----|--|------|--|---------------|
| | | | | Ref No. _____ |
| ii. | | Sym/ | | Ref No. _____ |
| - | | Sym/ | | Ref No. _____ |

(b) Copy of the Audited Utilization Certificate of the last grant received from CSIR may please be enclosed. **The request for the grant would be considered only if audited Utilization Certificate of the all previous grants has been sent and the copy of the last grant is enclosed herewith.**

17. Name of Authority to whom NEFT/RTGS payment is to be made (Pl tick mark \checkmark):

| S. No. | Authority | Mark \checkmark |
|--------|--|-------------------|
| i. | Director | |
| ii. | Registrar | |
| iii. | Dean | |
| iv. | Finance Officer | |
| v. | Medical Superintendent | |
| vi. | Principal | |
| vii. | Any Other Authority designated by your Organization/Institute (Kindly specify _____) | |

Note: Grant will be released in the account of Society/Institution/Organization etc. only.

18. Any other information which you may like to add:

Signature of the Organizer: _____
Name : Dr/ Ms/ Mr _____
Designation : _____
Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____
City _____

State _____ Pin _____
Contact No with STD code _____
Mobile no _____
e-mail ids _____

**Signature of the Executive Authority _____
of the Local Organizing Committee**

(Note :Organizer and Executive Authority should not be
the **Same**)

Name : Dr/ Ms/ Mr _____
Designation : _____
Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____

City _____
State _____ Pin _____
Contact No with STD code _____
Mobile no _____
e-mail ids _____

**Signature of the Head of the Institution/ _____
Organization (along with seal)
where the Symposium/Seminar is to be held.**

Name : Dr/ Ms/ Mr _____
Designation : _____
Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____

City _____
State _____ Pin _____
Contact No with STD code _____
Mobile no _____
e-mail ids _____

GENERAL TERMS AND CONDITIONS

1. One copy of Application Proforma along with all enclosures should be sent at the address given below :

**In-charge Symposia / Travel Grant Unit
COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
Human Resource Development Group
Room no 302
CSIR Complex, Opp Institute of Hotel Management
Library Avenue, Pusa, New Delhi- 110012, India
Tel: 011- 25841037**

2. The applicants recommended by the Committee/ Experts will be informed by email only (to email id provided by the candidate). Grant will be reimbursed only after receiving the documents as per grant letter within three months from the date of Conference / Seminar / Workshop etc.
3. ***One soft copy of the abstract and one set of invitation for the Symposium/ Seminar/ Conference/ Workshop etc. should accompany the bill for release of sanctioned grant.***
4. ***One soft copy of Proceedings must be sent as soon as ready.***
5. ***Applications for new grants will be considered only if above requirements have been met for the grants previously received.***
6. No application would be entertained without signature of the authorized signatories in the place provided in the application proforma