

**APPLICATION PROFORMA FOR FINANCIAL ASSISTANCE FOR HOLDING
SEMINAR/SYMPOSIUM/CONFERENCE/WORKSHOP ON “.....”
(Indicate the subject thereof)**

Proposals must be submitted to the Science and Technology Department, Govt. of Orissa at least three months before commencement of the Seminar/Symposium/Conference.

Instructions

1. Enclosures required (item wise)
In case of Registered society, copy of the following should be enclosed:
 - (a) Registration Certificate
 - (b) Memorandum of Association
 - (c) Bye-laws
 - (d) Audited Statement of Accounts of the Society for last three years.

2. Wherever an Institute/University/Organisation and a Registered Society/Association are jointly organizing a seminar, the responsibility of furnishing the UC/SE will lie with both the Institute/University/Organisation and the Registered Society/Association.

PROFORMA

1. Activity (Please tick out in the appropriate box)	Seminar	Symposium	Conference	Workshop					
2. Geographical (Please tick out in the appropriate box)		National	International	Regional					
3. Broad subject area									
4. Name of the Conference									
5. Date	From		To						
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6. Venue:									

7. Name and Address
of Organizing Institutions:

Name of the Institute :

Department :

Address :

Telephone :

FAX :

Telex :

Email :

PIN

8. Status of the Organising Body	Professional Body	<input type="text"/>	Department of Agency of State Govt.	<input type="text"/>
	Registered Society	<input type="text"/>	Research Institute/ Medical College	<input type="text"/>
	University	<input type="text"/>	Private College	<input type="text"/>
	Others	<input type="text"/>		

9. Name and address of
President/Chairman
of the Society (Contact
Person, if the Body is a
Registered Body)

10. Board Details of the total Estimated Expenditure for the event

Account Head	Amount (in Rupees)
TA/DA Pre-Conference Printing Stationery Secretarial Assistance Publication of Proceedings Honorarium Rental for Venue, if any Folders Contingency Misc./other items	
Total	

11. Estimates on Publication of Proceedings

No of pages	:
No of copies	:
Will the proceedings be priced	:

12. Details of amount requested/received from other agencies:

Source (Name of the Agency)	Amount Committed/received, if any	Account head (as per item No.10) for which grant requested.

13. Financial assistance required from Govt. of Orissa.

Account Head	Amount (in Rupees)

14. Details of previous grant received from Govt. of Orissa (indicate name of the Department) for similar kind of activities. : Correct and full information may be provided.

Reference No.	Title of the Seminar/ Symposium/Conference/ Workshop	Utilization Certificate (copy of all UC s) of the seminars funded by Govt. of Orissa held in the past should be enclosed

* Any unspent balance along with the interest earned lying with the Organising Institution may please be refunded to the concerned Department under intimation to this Department for consideration.

15. Designation of official empowered to receive financial grants. :
16. Details of participants :
(a) No of Foreign Scientists
(b) No of Indian Scientists
(c) No of Indian Participants
to whom TA/DA is being offered
17. In case of International Conference or participation of foreigners in National seminar, kindly give following particulars:

Resources for International Travel
And local hospitality :

In case Foreign Scientists are being invited, whether the appropriate clearance for their participation has been obtained. :
Furnish details thereof.

18. Brief statement of objectives of Seminar highlighting its importance in State/ National context.
- (a) Review of State of Art
 - (b) Formulate specific programme of action
 - (c) Bring out proceedings/papers in the subject
 - (d) How the proposed seminar/symposium is relevant to the thrust areas of Biotechnology and its development.
 - (e) Others (Please specify)
19. Is the Seminar held Annually ?
- If yes, please give a brief statement of the follow up of the recommendations of the Seminar held in the past three years and details of the UC and SE for the grant received from concerned Department of Government of Orissa in order to consider your proposal.
20. Name of the Authority (with complete address and fax No.) who will be responsible for submitting the Audited Statement of Expenditure and Utilisation Certificate.

Signature of Applicant

Signature of Head of Institutions
(with seal)