*Annexure XI*

APPLICATION FORM FOR FINANCIAL ASSISTANCE TO ORGANIZE SEMINAR/CONFERENCE/WORKSHOP/SYMPOSIA IN INDIA

Address your application to

Member Secretary,

Indian Council of Historical Research

35 Ferozeshah Road

New Delhi – 110001

1. Name and address of the Organizers: Phone:

Mobile:

Zone: North/South/East/West/North East Fax:

Rural Urban

Class of City: X/Y/Z/Rural

District : E-mail:

State : Web site:

2. Name and address of the Convener: Phone:

Zone: North/South/East/West/North East Mobile:

Rural Urban

Class of City: X/Y/Z/

District: Fax:

State: E-mail

**3. Theme of the Conference/Seminar/Workshop (Attach brief summary)**

Sub:Themes: Proposed Dates:

1.

2.

3.

4. Venue:

**4. Number of Participants (List of expected participants to be attached)**

**Local (in number) (in words)**

**Foreign**

**Total**

**5. Name and Bio-data of the Coordinator/Convener ( Not exceeding 1500 words)**

**6.** Category : General SC ST OBC Minorities PWD

(Please attach self-attested copy of the Category/Caste/Tribe certificates from competent authority)

**7. Gender: Male/Female/Third Gender**

**8. Funding from other than ICHR :**

Source:

Amount:

9. Detailed Budget Indicating Amount to be incurred on TA/DA, Hospitality, Transport, Stationery, Secretarial Assistance, Typing and Xeroxing work and other contingent expenditure etc. (Requests for publication of the proceedings are entertained separately).

**S.No. Items No. @ Amount**

1. Travel within India

2. Accommodation for Foreign Participants

3. Accommodation for Indian Participants

4. Tea snacks, lunch and dinner

5. Transport (local)

6. Stationery

7. Xeroxing

8. Secretarial Assistance

9. Contingency (not exceeding 5%of total Grant)

10. Honorarium to Paper Writers

11. Any other (specify)

**Total**

\*Please consult Guidelines for preparing the funding details.

**10. Amount expected from the ICHR**

11. Name of Authority in whose favour the ICHR grant should be released if given.

12. Whether the Organization/Department/Institution has received or applied for ICHR grant earlier give details(File No. Year and Topic).

**13. Institutional Funding**

**Own Contribution Amount sought Amount sanctioned**

**by theinstitution**

**Funding from other sources:**

**Name of organization Amount sought Amount sanctioned**

14. The following is to be filled only if the applicant is a professional organization:

a. Year of establishment of the professional organization of the historians (please enclose a certified copy of the registration of documents/signed MOA etc.

b. Whether the organization is functioning at National/Regional/State/Local Level.

c. Aims and objectives of the organization.

d. Activities of the organization/institution in the past three years.

e. Number of members of the organization.

f. Main source of funds of the organization.

g. Financial status (Attach copy of audited statement of accounts for the last financial year).

I 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 schemes.

**Signature of the Applicant**

**Date:**

**Name (block letters):**

**Designation:   
Address:**

**Signature of the Head of the Institution/Organization**

**(Seal)**

**Date:**

**Name (block letters):**

**Designation:**

**Address:**

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.

2. In case of approval, the funds will be released to the forwarding Institution/Organization.

3. NGOs should enclose the NGO profile along with relevant documents.

4. In case of non-fulfillment of any of the Terms & Conditions, the applicant/organization will not be eligible for further support under the schemes of ICHR and will be liable to legal action.

5. The applicant’s CV should not exceed 1500 words.

6. All applications should be submitted in electronic format along with a hard copy.

**Declaration**

I have read the Revised Research Funding Rules, September 2015 and agree to abide by them.

Signature of the Applicant

*Annexure XII*

**FORMAT FOR UTILIZATION CERTIFICATE UNDER**

**SEMINAR GRANT SCHEME**

(To be filled on the letter head of the College/University/Organization)

**(FINANCIAL YEAR 20\_\_ - 20\_\_)**

ICHR File No.

Title of Conference / Workshop

Name of Coordinator

Organization

**Sanction No. Amount Details of Expenditure No.of Duration**

**& Date of Grant incurred item-wise Partici- of the**

**sanctioned as per Annexure pants activity**

**XI point 9. (with dates)**

Particulars Amount

Total :

Grant Received:

Balance to be

received/paid

Certified that I have satisfied myself that the conditions under which the grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised due diligence to ensure that the money was actually utilized for the purpose for which it was sanctioned.

…………………………………………………………………..

Name and signature of Organizing Secretary/Convener

…………………………………………………………………………….

Name & signature of Head of College/Institution/University (with Seal)

……………………………………………………………………..

Signature (with seal) of the Authority

as indicated in sub clause (p) of Clause 3 of Chapter I

of Research Funding Rules