



INDIAN COUNCIL OF PHILOSOPHICAL RESEARCH
Darshan Bhawan, 36, Tughlakabad Institutional Area
M.B Road, New Delhi-110062

APPLICATION FOR GRANT FOR ORGANIZING PERIODICAL LECTURES

1. Name of the Applicant (Organizer) with Designation:
2. Official Address for Correspondence:
3. Email : Telephone/ Mobile No's
4. (a) Gender : Male / Female (b) Category : Gen/SC/ST/OBC :
5. Name of the Organizing Department and College)
6. Name of the University/Body to which the College is Affiliated / Autonomous:
7. Total No. of Expected Participants:
8. Estimate of Expenditure to be Incurred in Conducting the Lecture Programmes (extra lines may be added):
 - a) Honorarium to the Scholars / Speakers (Rs.2000/-) including TA:
 - b) Organizational expenditure:
 - c) Refreshment etc.:
9. Name of the Invited Scholars/ Speakers with Designation and Title of Their Proposed Lectures/ Presentations:
(Any three may be invited.)

(1)	(4)
(2)	(5)
(3)	(6)
10. Have you received the grants for this scheme in previous years, please mentions year:
11. I hereby certify that the above information provided above are true to the best of my knowledge and belief.

Signature of the Applicant (Organizer)

12. Forwarded by: Principal / Registrar / Director
(Signature with Seal)

HOD, Dept., of _____
(Signature with Seal)

Important Note:

- (1) Incomplete Application form not routed through proper channel is liable to be rejected.
- (2) Personal email id is a must for applicant to receive the communication.
- (3) Account details (of College/Institutions only, not personal) must be attached and submitted in Bank Authorization Form i.e. in prescribed format available at ICPR website download section for transfer of fund.

BANK AUTHORISATION LETTER

(/WE _____

Organization /Society/ NGOs name/Institution/College/University's name) would like to receive the sums disbursed by the Indian Council of Philosophical Research, New Delhi to me/us electronically to our bank account: detailed below:

Payee's Particulars	
Address	
District	
Pin code	
I.T. Permanent Account Number	
Telephone number with STD code	
Fax No. if any	
Bank Details	
Name of the Bank	
Bank Branch(full address& Telephone number)	
Bank Account Number	
Account type	
Mode of electronic transfer available – RTGS, NIFD any other	
IFSC code	
MICR code	

Account number and IFSC/MICR codes have been verified by me and are correctly recorded above

SD*

Manager

(Bank branch maintaining the Account)

Seal

*(to be signed by the Manager of the Bank)

Signature

Name _____

Name of Organization _____

Registration No _____

Authority & Place of Registration

Date of Registration