

भारतीय दार्शनिक अनुसंधान परिषद्

(भारत सरकार, मानव संसाधन विकास मंत्रालय)

INDIAN COUNCIL OF PHILOSOPHICAL RESEARCH

(Government of India, Ministry of Human Resource Development)

F. No. 12-1 /2015/P&R/ ICPR/

Date: 27.5.2015

Dear Madam/Sir.

Indian Council of Philosophical Research (ICPR) has an ongoing scheme of helping the Colleges in India where Philosophy is taught for organizing Periodic Lectures every year to enable students, scholars and teachers of Philosophy to be benefited by lectures of eminent scholars. These colleges may choose a senior eminent scholar who can deliver one or two lectures in philosophy and other related areas. The Council will sanction a sum of Rs. 10,000/- to each of the selected Colleges.

ICPR will select 50 such colleges around the country from the applications received. Each selected college will be sanctioned Rs. 10,000/- for the programme. Interested organizers/colleges may kindly submit their applications in the prescribed form (available Herewith) by 31st July 2015.

The programme should be planned in such a way to be conducted by December, 2015. Statement of account and original bills/vouchers, script of lectures, photographs and report of the programme are to be submitted to the Council within one month after the completion of the programme.

With regards.

Yours Sincerely,

(S.K.Kar) (Programme Officer)

Please look below for Format for Application Form & Bank Authorization

E-mail: icpr@bol.net.in, icprhqrs@gmail.com Website: http://www.icpr.in

लखनऊ कार्यालय : 3/9, विपुल खण्ड, गोमती नगर, लखनऊ- 226010 टेलिफैक्स : +91-522-2392636 E-mail: icprlkw@gmail.com **Lucknow Office :** 3/9, Vipul Khand, Gomti Nagar, Lucknow-226010 Telefax: +91-522-2392636 E-mail: icprlkw@gmail.com



INDIAN COUNCIL OF PHILOSOPHICAL RESEARCH

Darshan Bhawan, 36, Tughlakabad Institutional Area M.B Road, New Delhi-110062

APPLICATION FOR GRANT FOR ORGANIZING PERIODICAL LECTURES

(Please, Prefer to Type-set the Data in the Format.)

1. 2.	Name of the Applicant (Organizer) with Designation Official Address for Correspondence:		
٤.	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	s Affiliated / Autonomous:	
	(a) Whether the Programme was organized by th b) If so, whether the matters of Accounts were Se		
8. 9.	Total No. of Expected Participants: Estimate of Expenditure to be Incurred in Conduc	ting the Lecture Programmes (extra lines may be added):	
	a) Honorarium to the Speakers including TA <i>(Rs.2000/-)</i> : b) Organizational expenditure:		
	c) Refreshment etc.:		
10.	Details of the Proposed Invited Speakers (Use Separate I	Page, if the Space is insufficient.)	
SL No.	Name with Designation and Address (in Short)	Title of Proposed Lecture / Presentations	
(1)			
(2)			
(3)			
(4)			
Reg prog auth to ti	istrar / Director / Accountant, etc.) by Electronic Tragramme by the Council. Hence, Bank Authori tation or ized by the Bank and the Authority of the accountable.	stitution (usually carried by the head of office, like Principal / ransfer, if the application is selected for the stipulated ization, as attached with this, may be filled up and ant, so that, the grant amount, if sanctioned, may be sent ent by the institution to the organizer for conducting the	
UND	PERTAKING		
1. 2.	by Email attachment. The audited account (of total e	ated in Sanction Order, will be complied. copy of detailed reports and photographs will be sent to ICPR expenditure) along with photo copy of Vouchers, completed in all months of the actual event/programme with detailed reports and	
		Signature of the Applicant (Organize	
12.	Forwarded by: Principal / Registrar / Director	HOD, Dept., of	
	(Signature with Seal)	(Signature with Seal)	

BANK AUTHORISATION LETTER

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Organization /Society/ NGOs name/Institution/Colle sums disbursed by the Indian Council of Philosophic our bank account: detailed below:	
Payee's Particulars	
Address	
District	
Pin code	Manager
I.T. Permanent Account Number	
	And the second s
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	100
MICR code	
Account number and IFSC/MICR codes have been ve	erified by me and are correctly recorded above
SD*	Signature
Manager	Name
(Bank branch maintaining the Account)	Name of Organization
Seal	
*(to be signed by the Manager of the Bank)	
	Registration No
	Authority & Place of Registration
	Date of Registration