



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. 2-1 /2015/P&R/ ICPR

Date: 27.5.2015

Dear Madam / Sir,

Indian Council of Philosophical Research (ICPR) has been supporting celebration of World Philosophy Day, which, as declared by UNESCO, has been usually observed on third Thursday of November of the year. For this the Council invites applications from the Departments of University or such Educational Institutes / Organizations to hold some academic events, like Seminars / Workshops / Colloquiums / One-day Meets etc., in Philosophy at the Regional Level.

To commemorate and celebrate the event, one of the following themes may be selected for the deliberation of Seminar/workshop etc.

- Theories of Truth and Knowledge.
- Basic Values Embodied in Indian Culture and their Relevance to National Reconstruction.
- Philosophy, Science and Technology.
- Philosophy of Man and Environment.
- Social and Political Philosophy.
- Comparative and Critical Study of the Philosophical Systems/Movements and Religions.
- Logic, Philosophy of Mathematics and Philosophy of Language.
- Ethics of Globalization.
- Sports Ethics.
- Self and Corruption.
- Critical Thinking and Philosophizing.

The selected Universities will be provided a grant up to Rs. 20,000/- for conducting this event. The faculty and students of neighboring universities and institutions may be invited without exceeding the budget of ICPR. Additional budget, if required may be arranged from the host institute or other sources.

Audited statement of account of the entire expenditure supported by vouchers, script of papers, photographs and report on the programme are to be submitted to the Council within one month of the completion of the programme.

Applications in the prescribed format (available herewith) may be submitted to the Council by 31st July 2015.

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>

मुख्य कार्यालय : दर्शन भवन, 36 तुगलकाबाद इन्स्टिट्यूशनल एरिया, महरौली बंदरपुर रोड, नई दिल्ली - 110062 दूरभाष : 29901516, 29901527 टेलिफैक्स : 29964750
Head office: Darshan Bhawan, 36, Tughlakabad Institutional Area, M.B. Road, New Delhi-110062 Cable: ICPHILRES Tel.: 29901516, 29901527 Telefax: 29964750

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

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

APPLICATION FOR FINANCIAL ASSISTANCE FOR ORGANIZING ACADEMIC PROGRAM FOR CELEBRATING
WORLD PHILOSOPHY DAY

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

[A]

1. Name and Designation of the Applicant:

(a) Gender : Male / Female: (b) Category: Gen SC ST OBC

3. Official Address of the Applicant (Organizer)

4. Applicant's Telephone/Mobile No.:

; E-mail ID:

5. Name & Address of the Applicant's Organizing Department & University:

(Mention SAME, if the address is not different from that given in column '3' above.)

6. (a) Whether the Programme was organized by the Same Dept., of the Same Univ., in Last Year?:

(b) If so, whether the matters of Accounts were Settled or still Pending?

7. Name and designations of the Invited/Proposed / Speakers or Resource persons and Title of Their

Proposed Presentations: (Provide in separate page, if space is insufficient. Provide the Theme of Presentations in Detail in Separate Pages.)

(1)

(2)

(3)

(4)

8. Dates of the Programme in Order of Oreferance:

(1):

(2) :

(3):

(4):

9. Number of Students of the Organizing Department

(a) U.G.:

; (b) P.G.:

; (b) M. Phil:

; Ph. D :

[B]

Details of the Budget Proposal for The Programme

1. I. Estimate of Proposed Expenditure under Different Heads (extra lines may be added):

- (a) _____ Rs.
(b) _____ Rs.
(c) _____ Rs.
(d) _____ Rs.
(e) _____ Rs.

II. Total Amount Required for organizing the Programme Rs. _____

2. Amount of financial help from other sources, like the Concerned Department/University/Voluntary Organizations/Business Houses/ Individuals, etc., apart from ICPR Grant: Rs. _____

[C]

3. The Grant will be sent to the official account of the Institution (usually carried by the head of office, like Principal / Registrar / Director / Accountant, etc.) by Electronic Transfer, if the application is selected for the stipulated programme by the Council. Hence, **Bank Authorization**, as attached with this, may be filled up and authorized by the Bank and the Authority of the account, so that, the grant amount, if sanctioned, may be sent to this account by Electronic Transfer, for disbursement by the institution to the organizer for conducting the programme for which the grant is made.

[D]

UNDERTAKING

3. I certify that above information are correct to best of my knowledge and belief.
4. The sanctioned amount will be utilized for the purpose and within the period for which it is sanctioned.
5. **Immediately, after the completion of the event, Soft copy of detailed reports and photographs will be sent to ICPR by Email attachment.** The audited account (of total expenditure) along with photo copy of Vouchers, completed in all respects, will be submitted to the Council within two months of the actual event/programme with detailed reports and photographs of the event.
6. Other Terms and Conditions laid down by the Council and stated in Sanction Order, will be complied.

Signature of the Applicant (Organizer)

7. Forwarding Authority:

Dean/Director/Registrar
(Signature and Seal)

H.O.D, Dept. of _____
(Signature with Seal)

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