** 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 INTERNATIONAL DAY OF YOGA

***(Please, Prefer to Type-set Filled-in 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 Reference:**

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

(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs.

(b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs.

(c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs.

(d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs.

(e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs.

 2. Total Amount Required for organizing the Programme Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount of financial help from other sources, like the Concerned

Department/University/Voluntary Organizations/Business

 Houses/ Individuals, etc., apart from ICPR Grant: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[C]**

**1. Please indicate the name and address of the payee (Dean/Director/Registrar) on whose name the DD is to be prepared and Sent:**

**2. Payee’s Email id:** **and Mobile No.:**

**[D]**

**UNDERTAKING**

1. I certify that above information are correct to best of my knowledge and belief.
2. The sanctioned amount will be utilized for the purpose and within the period for which it is sanctioned.
3. **Immediately, after the completion of the even**t, **Soft copy of detailed reports and photographs will be sent to ICPR by Email attachment**. The statement of expenditure along with original 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.
4. Other Terms and Conditions laid down by the Council and stated in Sanction Order, will be complied.

Signature of the Applicant (Organizer)

1. **Forwarding Authority**:

 **Dean/Director/Registrar H.O.D, Dept. of**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature and Seal) (Signature with Seal)

