



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

APPLICATION FOR FINANCIAL ASSISTANCE FOR ORGANIZING LECTURE / MAE PROGRAMS

[World Philosophy Day (WPD), **Periodic Lecture (PL)**, Indian Philosophers' Day (IPD), International Day of Yoga (IDY), Buddha Jayanti Lecture (BJL), Mahaveera Jayanti Lecture (MJL), Study Circle Lecture (SCL), Minor Academic Events (MAE), Other Lecture Programmes]

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

[A]

1. Application for :

(If MAE mentions Heading and Sub-heading, If other Lecture Programmes, mention the Head/Title of the Lecture Programme)

2. Category: Gen/SC/ST/OBC/SEBC/NER- Gen/SC/ST/OBC/SEBC):

3. (a) Personal Title: Sri / Srijukt / Srimati / Kumari / Mr./ Ms. /Mrs. :

(b) Official Title: Dr. / Professor:

4. Name, Designation & complete Official/ Departmental Address of the Applicant/Organizer:

5. Telephone/Mobile No.:

E-mail ID:

(All communications will be made by this Email ID, and Phone No. will be used for urgent communications.)

6. (a) Whether the same or any Programme of ICPR was organized by the Same Applicant/Dept./ Same Univ.,
in Last 3 Years or not?

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

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

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

Sl. No.	Name of the Resource Persons	Affiliation	Title of Lecture or Event	Tentative Dates of the Programme
01				
02				
03				
04				

(Add abstract / write-up of the programme /event in separate pages, if any)

8. Number of Students of the Organizing Department.

(a) U.G.: ; (b) P.G.: ; (c) M. Phil: ; (d) Ph. D :

(e) If the Application is for MAE, provide the list of required students.

[B]

Details of the Budget Proposal for The Programme

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

(a) Honorarium _____ Rs.

(b)

(c)

Total

9. II. (a) Financial assistance expected from ICPR:

(b) Financial assistance from other sources, like the Concerned Department/University/Voluntary Organizations/Business Houses/ Individuals, etc., apart from ICPR Grant: Rs. _____

(c) Total Amount required for organizing the Programme: Rs. _____

[C]

10. Official Bank Details of (the Institution/Dean/Director/Registrar/Principal/ HOD/ Coordinator of the Dept., of the payee's Institution through which the grant amount will be disbursed, if the application is selected for the grant.

Name of the Account Holder as in the bank account (of Institution / Department or the Designated One, not personal):

Account No. (Provide, if you are sure of selection of your application):

IFSC:

Name of the Bank:

Address of the Branch of the Bank:

[D]

UNDERTAKING:

1. I certify that I have gone through all required information and the above-mentioned information is correct to best of my knowledge and belief.
2. No required information regarding previous and unsettled issue, asked for or related, is kept hidden.
3. The bank account details are authentic and entered here with knowledge of the account holder.
4. The sanctioned amount will be utilized for the purpose it is sanctioned and within the period for which it is sanctioned.
5. **Immediately, after the completion of the event, soft copy of detailed academic reports in both English and Hindi with 2/3 photographs (all being kept in a single MS Word file) will be uploaded in the designated link for report in ICPR Website / or emails to be provided for the purpose.**
6. The statement of expenditure along with original Vouchers (with required TDS, GST), completed in all respects, with the print copy of the academic reports (soft copy of which was submitted previously) - all self-attested by the organizer, will be submitted to the Council by post / courier within one month of the actual event/programme.
7. Other Terms and Conditions to be laid down by the Council and stated in Sanction Order will be complied.

(Signature of the Applicant/Organizer with Seal)

Name of the Forwarding Authority:
HoD/Coordinator of the Dept.

(Signature and Seal)

Name of the Forwarding Authority:
Dean/Director/Registrar/Principal

(Signature and Seal)