



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

Human Resource Development Group
CSIR Complex, Opp Institute of Hotel Management
Library Avenue, Pusa, New Delhi- 110012, India
Tel: 011- 25841037 Website: <http://csirhrdg.res.in>

APPLICATION PROFORMA FOR SUPPORT TO SYMPOSIUM/ SEMINAR/ CONFERENCE /WORKSHOP

(APPLICATION TO BE TYPED IN ARIAL FONT - 12 SIZE)

CSIR provides grant for the organization of Symposium / Seminar / Conference / Workshop etc of National character. Bonafide all India societies / associations of scientists and engineers and academic institutions are eligible to apply for the Grant. The applications must be received at least two months before the event. The application is to be filled in by the Executive Authority of the Parent Organization and countersigned by the local organizing Committee and the Head of the Institution where the Symposium/Seminar is to be held. **Incomplete applications** in any respect and those not received two months prior to the event will not be considered.

- 1 **Name** of the Society/Academic Institution/Organization under whose auspices the Symposium/Seminar/ Conference/Workshop etc. is proposed to be organized. A copy of each of the following may be enclosed in case of a Society- Registration Certificate; Memorandum of Association; Bylaws; Audited statement of accounts of the previous year:

- _____
- (b) Whether the Institution/Body is a Govt. Organization / Non-Government Organization/ University (Central / State / Deemed) / State Govt College / Private College / Autonomous Body / Research Institute / Professional Body/ Registered Society/ Private Industry / Public Sector Undertaking/ Other PI Specify _____
(PI tick mark)

2. (a) Title / Name of the Symposium/Seminar/Conference/Workshop etc :

- (b) Major discipline in which it falls: (PI tick mark : Chemical Science / Earth Science / Engineering / Life Science / Mathematical Science / Medical Science / Physical Science / Multi-discipline)

- (c) Venue of the Symposium/Seminar/Conference/Workshop etc :

Address _____

City _____ State _____

Pin _____

(d) Period of the Symposium/Seminar/Conference/Workshop etc:

From Date ___Month ___ Year 20___ **To** Date ___Month ___ Year 20___

(e) Complete Address of contact person for all Communication :

Name : Dr/ Ms/ Mr _____

Designation : _____

Department (if any) : _____

Name of the Institute / Society etc: _____

Address _____

City _____ State _____

Pin _____

Contact No with STD code _____

Mobile no _____

e-mail ids _____

(f) When was a Symposium /Seminar/Conference/Workshop etc. on the same topic organized last: _____

3. List of various Technical Sessions attached : Yes / No (PI tick mark √)

4. (a) Indicate briefly within 20 lines the relevance and scientific / technological importance of organizing the Symposium/Seminar/Conference/Workshop etc. in the context of the present day national needs

: _____

(b) Specify the last Symposium/Seminar/Conference/Workshop etc. organized by the Scientific Society/Academic Institution, what were its recommendations and what follow-up steps have been taken by the Society/Academic Institution /Organization (including involvement of the Scientist of CSIR Laboratories) in implementing the recommendations and also reason out with appropriate justification why the CSIR should support the present Symposium/Seminar/Conference/Workshop etc.:

5. (a) PI indicate which of the CSIR Lab is working in the same area of Conference / Seminar/ Workshop etc. _____

- (b) Have you approached any of the CSIR Laboratories for co-sponsorship or for participation in the Symposium/ Seminar/ Conference/Workshop etc. If so, provide the details of names of such laboratories/Institutes along with details of the different technical sessions :

S.No	Name of the Laboratory	Technical Session
1		
2		
3		

- (c) Names of the CSIR Scientists who will be participating :

S.No.	Name of the Scientists	Name of the Laboratory
1		
2		
3		

6. Indicate if the Scientific Society is organizing the Symposium/ Seminar/ Conference/ Workshop etc in collaboration with any Government Department, University Department, Registered Society, or Autonomous Body.(If yes, these may be named): _____
7. Also, attach an attested copy of the willingness letter from the Institute/ Agency, which has extended facility for holding Symposium / Seminar / Conference / Workshop etc:
8. (a) Indicate how many total delegates are expected to participate indicating the number of national, foreign delegates, research students etc.

Total Delegates: _____no(s)
 National Delegates: _____no(s)
 Foreign Delegates: _____no(s)
 Research Students: _____no(s)
 Any Others: _____ no(s)

- (b) Indicate also the names of principal speaker(s) delivering keynote addresses of various technical sessions

S.No.	Names of principal speaker	Detail of Technical Session
1		
2		
3		

9. How many delegates would read papers: _____ no(s)
10. How many delegates are being offered TA/DA : _____ no(s)

11. (a) Will the proceedings be published : Yes / No (PI tick mark ✓)

If yes, I) who is responsible: _____

ii) How many copies are expected to be published: _____ no(s)

(b) Will the proceedings be priced: Yes / No (PI tick mark ✓)

If yes, approximate price to be charged: Rs. _____

12. Total anticipated expenditure under the following heads:

(a) TA/DA: Rs. _____

(b) Pre-Conference printing (announcements, abstracts etc.): Rs. _____

(c) Stationery: Rs. _____

(d) Secretarial Assistance: Rs. _____

(e) Publication of proceedings:

(i) No. of pages: _____

(ii) No. of copies to be printed: _____

(iii) Estimated expenditure: Rs. _____

(f) Boarding and Lodging of delegates: Rs. _____

(g) **TOTAL of above (a) to (f):** Rs. _____

13. Total anticipated income out of the following:

(a) Registration fee of the delegates: Rs. _____

(b) Sale of proceedings to be published: Rs. _____

(c) Any other income / grant from your institute / Other Organization :
Rs. _____

(d) **TOTAL of above (a) to (c) :** Rs. _____

14. (a) Grant requested from CSIR: Rs. _____

(b) Specific item/items of expenditure for which the grant is requested from CSIR (From 12a to 12f above)

(c) We agree to allow three nominees of CSIR for participation without any registration charges.

15. Details of other R&D Organizations / Other agencies who have been approached for sponsoring the proposed activity:

S. No	Name of the agency	R&D Organ. (PI tick mark √)	Grant Requested	Grant Received	Grant Expected	Items for which grants have been requested
1		Yes / No	Rs	Rs	Rs	
2		Yes / No	Rs	Rs	Rs	
3		Yes / No	Rs	Rs	Rs	
		Yes / No	Rs	Rs	Rs	

16. (a) Did the organizers receive any grant from CSIR in the past (From 1st Apr 2001 onward) If yes, please indicate:

S. No	Total Amount	CSIR Grant Reference No	Conference Title and period	Whether the Utilization Certificate have been submitted (indicate the reference number and date also)
1	Rs.	Sym/		Yes / No (PI tick mark √) Ref No. _____
2	Rs.	Sym/		Yes / No (PI tick mark √) Ref No. _____
- - -	Rs.	Sym/		Yes / No (PI tick mark √) Ref No. _____

(b) Copy of the Audited Utilization Certificate of the last grant received from CSIR may please be enclosed. **The request for the grant would be considered only if audited Utilization Certificate of the all previous grants has been sent and the copy of the last grant is enclosed herewith.**

17. Mention the name and address of the authority who will be responsible for submitting the Audited **utilization certificate** for the present grant, if sanctioned:

Name : Dr/ Ms/ Mr _____
Designation : _____

Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____

City _____ State _____
Pin _____
Contact No with STD code _____
Mobile no _____
e-mail ids _____

18. PI tick mark (√) the name of the authority to whom the NEFT payment is to be made: Director/Registrar/Dean / Medical Superintendent/ Principal/Finance Officer / any authority designated by your Organization / Institute, kindly specify

19. Any other information which you may like to add:

Signature of the Organizer: _____
Name : Dr/ Ms/ Mr _____
Designation : _____
Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____

City _____
State _____ Pin _____
Contact No with STD code _____
Mobile no _____
e-mail ids _____

**Signature of the Executive Authority _____
of the Local Organizing Committee**
(Note :Organizer and Executive Authority should not be the **Same**)
Name : Dr/ Ms/ Mr _____
Designation : _____
Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____

City _____
State _____ Pin _____

Contact No with STD code _____
Mobile no _____
e-mail ids _____

**Signature of the Head of the Institution/ _____
Organization (along with seal)
where the Symposium/Seminar is to be held.**

Name : Dr/ Ms/ Mr _____

Designation : _____

Department (if any) : _____

Name of the Institute / Society etc: _____

Address _____

City _____

State _____ Pin _____

Contact No with STD code _____

Mobile no _____

e-mail ids _____

1. Result will be available on CSIR HRDG web site www.csirhrdg.res.in and only the applicants recommended by the Committee/ Experts will be informed by Post.
2. ***One copy of the abstract (preferably soft copy), and one set of invitation for the Symposium/ Seminar/ Conference/ Workshop etc. should accompany the bill for release of sanctioned grant.***
3. ***One copy of Proceedings (preferably soft copy) and audited Utilization Certificate must be sent as soon as ready and not later than the date mentioned in grant sanction letter.***
4. ***Applications for new grants will be considered only if above requirements have been met for the grants previously received.***
5. No application would be entertained without signature of the authorized signatories in the place provided in the application proforma.

SUMMARY **(TO BE FILLED BY ORGANIZER)**

1. **Name** of the Society/Academic Institution/Organization under whose auspices the Symposium/Seminar/ Conference/Workshop etc. is proposed to be organized: _____
2. Title / Name of the Symposium/Seminar/Conference/Workshop etc :

3. Major discipline in which it falls: (PI tick mark \checkmark : Chemical Science / Earth Science / Engineering / Life Science / Mathematical Science / Medical Science / Physical Science / Multi-discipline):
4. Period of the Symposium/Seminar/Conference/Workshop etc:
From Date ___Month ___ Year 20___ **To** Date ___Month ___ Year 20___
5. PI indicate which of the CSIR Lab is working in the same area of Conference / Seminar/ Workshop etc. _____
6. Total delegates are expected to participate: _____ no(s)
7. Total anticipated expenditure: Rs. _____
8. Total anticipated income: Rs. _____
9. Grant requested from CSIR: Rs. _____
10. Details of enclosures:

S. No	Details	Enclosed Yes/ No	Page no of Annexure
a	In case of a Society- Registration Certificate; Memorandum of Association; Bylaws; Audited statement of accounts of the previous year	Yes / No (PI tick mark \checkmark)	From ___ To ___
b	Copy of audited Utilization Certificate of the last grant enclosed	Yes / No (PI tick mark \checkmark)	From ___ To ___

Signature of Organizer _____

TO BE FILLED BY CSIR COMMITTEE EXPERT

Recommendation of Expert: Regret / Deferred / Rs _____

Signature of Expert: _____



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

Human Resource Development Group

CSIR Complex, Opp Institute of Hotel Management

Library Avenue, Pusa, New Delhi- 110012, India

Tel: 011- 25841037 Website: <http://csirhrdq.res.in>

Grant-in-aid Bill for Symposium/Seminar/Conference

(To be filled by the candidate and submitted in duplicate)

Date: Date ___ Month ___ Year 20 ___

Head
HRD Group, CSIR Complex,
Pusa, New Delhi-110012

Sanction No: SYM/_____/_____-HRD

1 **Name** of the Society/Academic Institution under whose auspices the Symposium/Seminar / Conference / Workshop etc. is to be /was organized _____

2 Title / Name of the Symposium/Seminar/Conference/Workshop etc : _____

3. Venue of the Symposium/Seminar/Conference/Workshop etc :

Address: _____

City _____ State _____

Pin _____

4. Period of the Symposium/ Seminar/ Conference/ Workshop etc: **From** Date___ Month___ Year 20 ___ **To** Date ___ Month ___ Year 20 ___

5. Grant Sanctioned: Rs. _____ (Rupees _____)

6. Pl tick mark (✓) the name of the authority to whom the NEFT payment is to be made:

Director/Registrar/ Dean / Medical Superintendent/ Principal/Finance Officer / any authority designated by your Organization / Institute, kindly specify _____

and provide details as per **NEFT format** enclosed

Certified that the amount claimed in this bill will be/was utilized for the purpose for which it has been sanctioned, and the Audited Utilization Certificate will be furnished as per requirement. We agree and abide by the terms and conditions that the excess expenditure, if any, incurred will be/was met from the institution's fund and will not ask additional fund from CSIR.

Signature of the Organizer: _____

Name : Dr/ Ms/ Mr _____

Designation : _____

Department (if any) : _____

Name of the Institute / Society etc: _____

Address _____

City _____

State _____ Pin _____

Contact No with STD code _____

Mobile no _____ e-mail ids _____

Signature of the Head of the Institution/ _____
Organization (along with seal)
where the Symposium/Seminar was/ is to be held.
Name : Dr/ Ms/ Mr _____
Designation : _____
Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____
City _____
State _____ Pin _____
Contact No with STD code _____
Mobile no _____ e-mail ids _____

TO BE FILLED BY CSIR-EMR
Budget Head- EMR(Misc.) P81-104

It is certified that no AC /UC is pending from the Organization / institute in connection with earlier such grants released to them.

Pay: Rs: _____ (Rupees _____)

Name of the authority to whom the NEFT payment is to be made: Director/Registrar/ Dean / Medical Superintendent/ Principal/Finance Officer / _____ as per NEFT format enclosed

Deputy / Under Secretary / DDO

TO BE FILLED BY CSIR-Audit (EMR III)

MBR No. _____ Dated: _____

Pay Rs. _____ (Rupees: _____)

Dealing Assistant

SO (F&A) / F&AO / Dy FA

Rs _____ paid vide Cheque No _____ Dated _____ through NEFT / RTGS

National Electronic Funds Transfer (NEFT) Format
(HRDG, CSIR Complex, Library Avenue, Pusa, New Delhi 110 012)

1	Account Holders Name/Name of the Beneficiary			
2	Bank Account Number			
3	Name of the Bank			
4	Branch Address			
5	Branch Code			
6	Account type/Nature of Account	Saving	Current	Overdraft
7	IFSC Code of the Bank			
8	MICR Number			
9	Mobile No. of the contact person (as per col 2e of Application Proforma)			
10	Email id of the contact person (as per col 2e of Application Proforma)			

Date :

Signature of the Head of the Institute/ Director / Registrar /
Dean / principal/ Administrative Officer / Finance Officer
With Seal

TO BE FILLED BY CSIR

Narration: CSIR SYM

(To be used by Bank while transferring the Payment / Grant)

Deputy / Under Secretary /DDO



FORM GFR 19-A
FORM OF UTILISATION CERTIFICATE
(TO BE SUBMITTED IN DUPLICATE)

Name of the Institution

Name of the Symposium / Conference

Venue Date

Sl no	Letter No.	Amount

1. Certified that out of Rs _____ (Rupees _____)
of grants-in-aid sanctioned during the year _____ in favour of _____
_____ under this Ministry /
Department letter no. given above in the margin a sum of Rs. _____
(Rupees _____) has been utilized for the purpose of _____
for which it was
sanctioned and that the balance for Rs _____ (Rupees _____)
remaining unutilized is being returned to CSIR vide cheque / DD No _____
dated _____ drawn in favour of Under Secretary (EMR) CSIR Complex, New Delhi.

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for purpose for which it was sanctioned.

(Kinds of checks exercised)

1. Vouchers
2. Cash/ bank books
3. Others

Signature of Convener with seal

Signature of Financial Officer with seal

Signature of Chartered Accountant with seal

Signature of Head of the Institute with seal
(In case of University / Institution)
Signature of President / Secretary with seal
(In case of Societies / Association)