

IoE-Directorate प्रतिष्ठित संस्थान-निदेशालय

University of Hyderabad हैदराबाद विश्वविद्यालय Gachibowli, Hyderabad – 500046 गचीबोवली, हैदराबाद - ५000४६



Other Technical Details (Partial Financial Assistance to Seminar/Symposia/Conference/Workshop)

IN	ame of the ev	ent:							
1.	Broad detai	oad details of estimated expenditure: (In Rupees)							
	a) TA/DA	for Young Scientists (Indian) (<45 years)		=				
	b) TA/DA	for Senior Scientists (Indian) (2		=					
	c) Pre-con	ference printing (Announcemen	nts, abstracts, etc.)	=				
	d) Statione	ry			=				
	e) Secretar	ial Assistance			=				
	f) Local H	ospitality			=				
	g) Misc.				=				
2.	Details of in	come:		Total	=				
	A. Revenu	e:							
	a) Regi	stration fees	=						
	b) Adve	ertisements	=						
	c) Spor	sorships	=						
	B. Contrib	oution by organizing Society	=						

C. Support from other funding agencies:

	Agency Name	Amount Requested	Amount Committed (`)	Amount Received
a)				
b)				
c)				
d)				
	Total (C)	(a+b+c+d)	(a+b+c+d)	(a+b+c+d)
	Grand Total	(A+B+C)	(A+B+C)	(A+B+C)

3.	Financial	assistance	required	from	IoE	for	the	proposed	event
----	-----------	------------	----------	------	-----	-----	-----	----------	-------

- a) Domestic Travel for Young and Senior Scientists = (Indian Only)
- **b)** Contingencies (Stationary items, Working Tea / Lunch, Audio-Visuals etc.)
- c) Pre-Conference Printing (Announcements, abstracts etc.)

Total =

4. Details of previous grant received by Convener from IoE in past:

S. No.	Sanction order No.	Date	Name of Activity (Seminar / Conference / Workshop etc.)	Amount Sanctioned(`)	UC Furnished toIOE (Y/N) (If Y, attach UC copy)
1.					
2.					

5. Details of previous grant received by School/Department/Centre from IoE in past:

S. No.	Sanction order No.	Date	Name of Event (Seminar / Conference / Workshop etc.)	Amount Sanctioned(`)	UC Furnished toIOE (Y/N) (If Y, attach UC copy)
1.					
2.					

	a) Young Sc	ientists (<45 years):		
	b) Senior Sci	entists (>45 years):		
7. L	ist of participants (Confirm	ed)		
S. No.	Name of Participant	Affiliated Department and Institute (with full address)	Email Id	Contact No (Office & Mobile)
1.				
2.				
3.				
4.				
5.				
6.				
** <u>A</u> ;	te: To avoid any failure for changes in the prescribed for nnexure No. (If any): Background, Objectives, Ou	format of this document.	pplication, please de	o not make any
9.	CV of Convener and Co-Co	nvener, if any:	Signature o	f the Applicant

6. Details of participation in the event:

A. Foreign Delegates (Nos.):

B. Indian Delegates (Nos.):

Signature and Recommendations of the Head of the Department/Centre (in case of multi-

departmental Schools)/Dean of the School

FOR OFFICE USE ONLY

Application form has been signed by the applicant	Yes	No
Application form has been approved and signed by Head of Academic Unit/Dean	Yes	No
Applicant has provided details of expenditure for the event	Yes	No
Applicant has provided details of income (if any) for the event	Yes	No
Applicant has included event details	Yes	No

Authorised Signature (Convener of Conference Committee)
Authorised Signature (IoE Director):
Authorised Signature (Vice Chancellor):