



**Indian Council of World Affairs**  
**Sapru House, Barakhamba Road**  
**New Delhi**

**APPLICATION PROFORMA FOR ICWA CONFERENCE GRANT**

**SYMPOSIUM/ SEMINAR/ CONFERENCE /WORKSHOP**

**(Application to be typed in Times New Roman FONT - 12 SIZE)**

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 at least three 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 / UGC recognised University (Central / State / Deemed)/ State Govt College / Autonomous Body / Research Institute

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

\_\_\_\_\_  
\_\_\_\_\_

- (b) Major discipline in which it falls:

- (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 Nodal person for all Communication:

Name : Dr/ Ms/ Mr \_\_\_\_\_

Designation : \_\_\_\_\_  
 Department (if any) : \_\_\_\_\_  
 Name of the Institute / University/ College \_\_\_\_\_  
 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 ( Pl tick mark ✓ )

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

: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. (a) Pl indicate which of the other institute or Universities/colleges is working in the same area of Conference/Seminar/Workshop etc.

\_\_\_\_\_

(b) Have you approached any other institutions or funding agencies for co-sponsorship or for participation in the Symposium/ Seminar/ Conference/Workshop etc If so, provide the details of names of such Institutes/Universities/ along with details of the financial assistance :

S.No	Name of the Institute/University	Financial Assistance
1		
2		
3		

(c) Names of the participants who have confirmed of their participation :

S.No.	Name of the Academic/Scholar	Institutional Affiliation
1		
2		
3		

6. Also, attach an attested copy of the willingness letter from the Institute/ Agency, which has extended facility for holding Symposium / Seminar / Conference / Workshop etc:
7. (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		

8. How many delegates would read papers: \_\_\_\_\_ no(s)
9. How many delegates are being offered TA/DA :\_\_\_\_\_ no(s)
10. (a) Will the proceedings be published : Yes / No (Pl 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 (Pl tick mark ✓)

If yes, approximate price to be charged: Rs \_\_\_\_\_

11. 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. \_\_\_\_\_

12. 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. \_\_\_\_\_

13. a) Grant requested from ICWA: Rs. \_\_\_\_\_

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

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

14. 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. ( Pl 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 ICWA in the past ( From 1<sup>st</sup> Apr 2006 onward ) If yes, please indicate:

S. No	Total Amount	ICWA 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 ( Pl tick mark √ ) Ref No. _____

2	Rs.	Sym/		Yes / No ( Pl tick mark √ ) Ref No. _____
-	Rs.	Sym/		Yes / No ( Pl tick mark √ ) Ref No. _____

(b) Copy of the Audited Utilization Certificate of the last grant received from ICWA 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. 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  
 \_\_\_\_\_

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 \_\_\_\_\_

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

1. **Name** of the Society/Academic Institution/University 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:
4. Period of the Symposium/Seminar/Conference/Workshop etc:  
From Date \_\_\_Month \_\_\_ Year 20\_\_\_ **To** Date \_\_\_Month \_\_\_ Year 20\_\_\_
5. Pl indicate which of the ICWA 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 ICWA: 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 (Pl tick mark √)	From ___ To ___
b	Copy of audited Utilization Certificate of the last grant enclosed	Yes / No (Pl tick mark √)	From ___ To ___

**Signature of Organizer** \_\_\_\_\_

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**TO BE FILLED BY ICWA COMMITTEE**

**Recommendation of ICWA: Regret / Deferred / Rs** \_\_\_\_\_

**Signature of Head of Committee:** \_\_\_\_\_