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| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH**  **HUMAN RESOURCE DEVELOPMENT GROUP**  **CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT**  **LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA**  **Symposia Grant Scheme for Organising Scientific Events (Symposia/ Seminars / Conferences / workshops, etc. within India .. d** |

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| **INFORMATION AND INSTRUCTIONS** |

1. **ABOUT THE SCHEME**

Under the Scheme, financial assistance is provided to Universities, Academic institutions, Colleges, Government Departments, registered societies to organise scientific events such as Symposia/ Seminars/ Conferences/ Workshops or any other similar scientific activity that provides platform/forum to professionals, scientists, research and educational institutions to share knowledge and experience in various fields of Science and Technology.

The Scheme provides partial support towards expenses related to organising Scientific events such as Travel support, Registration Fee Waiver, Promotion (web site, brochures, proceedings), Secretarial assistance, Local hospitality, Venue charges. **Capital expenses of any nature such as purchase of laptop, computer, printer, etc. and fees / honoraria to speakers are not covered under the scheme.**

1. **ELIGIBILITY** 
   1. Faculty or scientists working in Government of India recognized institutions in the area of scientific education or research (recognition should be by statutory bodies for scientific or technical fields such as UGC, DSIR, MCI or AICTE, etc.).
   2. Any Registered All India Society/Association/Voluntary/Professional organisation/Trust with proven credentials and experience and registered under Societies Registration/Other relevant Act having a minimum 3 years of audited accounts.
   3. Government Department/Undertaking.
   4. No application will be considered if there are reports or Utilization Certificates pending for prior grants given to the Grantee organization or if it is blacklisted by any Government agency.
   5. **The organizers should have in house expertise in the subject field of the event proposed.**
2. **DOCUMENTS TO BE SUBMITTED (Pre-sanction stage)**

Application form must reach TGSM Unit of CSIR-HRDG **at least 2 months in advance** but not more than 4 months in advance. **Late / Incomplete application form may not be considered.** The following documents will be required to be submitted:

* 1. **Summary Sheet (Form-CSIR/SYM/19/SUM) and Main Application form (Form-CSIR/SYM/19/MAIN),** placed at Annexure 1 and 2 respectively, complete in all respects to be signed and sealed by the duly authorised signatories and forwarded through proper channel.
  2. In case of International Conference, copies of the approval from Administrative Ministry and statutory clearances applicable, if any.
  3. Copy of Brochure/Announcement of the Scientific event,
  4. A copy of letter regarding commitment from any other national or international agency, for any financial assistance, if any.
  5. Approval/ Forwarding letter from the Head of the Organisation/ Department for holding the Event. In case the event is jointly organised by 2 or more organisations, approvals/ consent from both entities would need to be submitted. In such case, both organisations will be responsible for furnishing UC/ Audited statement of Expenditure. Copy of the audited Utilisation Certificate of the last grant received from CSIR, if any, may be furnished. In case they fail to submit the required documents, they would forfeit the sanctioned amount and will be barred from applying for financial assistance in future.

1. **DECLARATION OF RESULTS AND ISSUE OF SANCTION LETTER**

CSIR-HRDG shall notify results on its website [www.csirhrdg.res.in/results.htm](http://www.csirhrdg.res.in/results.htm) and also send the sanction letter to selected candidates at the communication address specified by the candidate in the application form. CSIR HRDG shall not be responsible for delay / loss of the sanction letter. In the event, the candidate does not receive sanction letter within 10 days of declaration of results, s/he may write to [tgsm[at]csirhrdg[dot]res[dot]in](mailto:tgsm@csirhrdg.res.in)  requesting for a copy of sanction letter. A copy of the sanction letter will be sent to the email ID specified by the candidate in his/her application form. No interim correspondence will be entertained and canvassing in any form would lead to disqualification of the applicant.

1. **DOCUMENTS SUBMISSION- FOR REIMBURSEMENT (POST COMPLETION OF EVENT)**

The amount sanctioned by CSIR, subject to actual, will be reimbursed to the institute’s account, post submission of the following documents in **DUPLICATE (Original plus one photocopy)**

* 1. Grant-in-Aid Bill (**Form-CSIR/SYM/19/GA**) placed at Annexure 3.
  2. Audited statement of Expenditure (Form **CSIR/SYM/19/SE**) placed at Annexure 4.
  3. Soft copy of the Proceedings.
  4. NEFT form (Duly verified Bank details of your organisation (Name as per bank records. bank name, branch name and address, account no, nature of account, IFSC code and MICR Code) may please be attached) (Form-**CSIR/SYM/19/NEFT**) placed at Annexure 5.

1. Claim Forms should be submitted with complete documents within 4 months (120 days) from the completion of the event. Any claim received beyond 4 months will be entertained only in exceptional cases subject to submission of reasons for delay, duly forwarded through Head of the Organisation. **In no case, the claim will be entertained after 6 months.**
2. **Grant will be for sanctioned and reimbursed on the basis of information given in Col 13 of the application form.** Reimbursement would be done at the earliest subject to availability of funds. Upon successful transfer of fund to institute’s account, the organiser will be informed details of UTR / Transaction ID by email. No interim correspondence will be entertained.
3. All communication may be addressed to: ***In-charge, Symposia and Travel Grant Unit, CSIR Human Resource Development Group, Room 302, CSIR Complex, (Opposite Institute of Hotel Management), Library Avenue, Pusa, New Delhi – 110012, India Email:*** [***tgsm[at]csirhrdg[dot]res[dot]in***](mailto:tgsm@csirhrdg.res.in)  ***Phone: 011-25841037.***

**Annexure 1**

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| **Form CSIR/SYM/19/SUM** |

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| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH**  **HUMAN RESOURCE DEVELOPMENT GROUP**  **CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT**  **LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA**  **Symposia Grant Scheme for Organising Scientific Events (Symposia/ Seminars / Conferences/ workshops, etc. within India ..d** |

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| **SUMMARY SHEET (TO BE FILLED IN BY THE ORGANIZERS)** |

1. Name of the Society/Academic Institution/Research Organization under whose auspices the Scientific Event (Symposium/Seminar/Conference/Workshop/others) is proposed to be organized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. a) Full title of the Scientific Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

b) Nature of the Scientific Event: Regional National International

1. Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Dates (DD/MM/YY): From \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_\_
3. Name and affiliation of the organizers
   * + 1. Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       2. Organizing Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. No. of delegates expected: Nos. \_\_\_\_\_\_
5. Anticipated expenditure ( Total) : Rs \_\_\_\_\_\_
6. Expected income from all sources : Rs. \_\_\_\_\_\_
7. Grant requested from CSIR: Rs. \_\_\_\_\_\_
8. **Attachments with the Application (Mandatory):**
   1. **Application proforma no CSIR/SYM/19/MAIN complete in all respects, duly signed by authorised signatory with the official seal**
   2. **Authority letter from the Society/Academic Institution/Research Organization for organizing the scientific activity.**
   3. **Copy of the Audited Statement of expenditure/Utilisation certificate of the last grant received from CSIR, if any:**
   4. **Brochure of the proposed scientific activity**

**Signature of Organizing Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE FILLED BY CSIR COMMITTEE EXPERT**

**Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendation of Expert :** Regret/Deferred/Approved Rs \_\_\_\_\_\_\_\_\_

**Signature of Expert\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annexure 2**

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| **Form-CSIR/SYM/19/MAIN** |
| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH**  **HUMAN RESOURCE DEVELOPMENT GROUP**  **CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT**  **LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA**  **Symposia Grant Scheme for Organising Scientific Events (Symposia/ Seminars / Conferences/ workshops, etc. within India ..d** | | |

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| **MAIN APPLICATION - (TO BE FILLED IN BY THE ORGANIZERS)** |

1. a) Name of the Organization under whose auspices, the Scientific Event is proposed to be organised: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Nature of the organization (Pl tick mark √):

|  |  |  |
| --- | --- | --- |
| S. No. | Institution/scientific organization | Mark √ |
|  | Govt. Organization |  |
|  | Central University |  |
|  | State University |  |
|  | Deemed University |  |
|  | State Govt College |  |
|  | Private College |  |
|  | Autonomous Body |  |
|  | Research Institute |  |
|  | Professional Body |  |
|  | Registered Society |  |
|  | Public Sector Undertaking |  |
|  | Others (Pl Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. a) Full title of the Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Major discipline the Scientific Event Falls under (Pl tick mark √ as applicable):

Chemical Sciences Life Sciences Engineering Mathematical Sciences

Physical Sciences Earth Environment, Ocean and Atmospheric Sciences

Medical Sciences Multi-disciplinary IT/ITES/Information Sciences

c) Venue of the Event: Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Date of the Event (DD/MM/YY): From \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_\_\_

e) Organizers (Name and affiliation)

* + Chairperson : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Organizing Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f) Complete Address of the **contact person for all Communications:**

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

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Institute/Society:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact no with STD code \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. When was an activity on the similar topic organized by you last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. a) Main theme of the Scientific Activity (Attach separate sheet, if required):

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

b) Details on the scientific program and technical sessions (Attach separate sheet, if required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. a) Relevance in the national context (Attach separate sheet, if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How will the activity help in the promotion of science *(*Attach separate sheet, if required*)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

6. a) Indicate which of the CSIR laboratories/institutions are engaged in the main theme of the scientific activity:

|  |  |  |
| --- | --- | --- |
| S. No | Name of the CSIR Laboratory | Theme Area/Technical Session |
|  |  |  |
| : |  |  |

b) Indicate if any CSIR Scientists are expected to participate:

|  |  |  |
| --- | --- | --- |
| S. No. | Name of the scientist | Laboratory/Institution |
|  |  |  |
| : |  |  |

7. Authority letter from organization permitting Organizers to hold the Event enclosed? Yes/No.

8. a) Details of Participation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total delegates** | |  | **Young Scientists** | |
| National | \_\_\_\_\_ Nos |  | Ph.D.Students/ Res. fellows | \_\_\_\_\_ Nos |
| International | \_\_\_\_\_ Nos |  | Post Docs | \_\_\_\_\_ Nos |

b) Principal speakers (Keynote/Plenary and Invited)

|  |  |  |
| --- | --- | --- |
| S.No**.** | Name | Institution |
|  |  |  |
|  |  |  |
|  |  |  |

9. Details of Young Scientist sessions, if any *Oral Poster (Tick as applicable):*

10. Indicate How many delegates will be offered support (Approx. Nos.):

Travel Registration Local Hospitality

11.  **Anticipated expenditure under the following heads**:

|  |  |  |  |
| --- | --- | --- | --- |
| S No. | Budget Head | | Amount (Rs) |
|  | Travel support   1. Senior scientists: 2. Young Scientists : | |  |
|  | Registration Fee Waiver   1. *Senior scientists:*   *b. Young Scientists :* | |  |
|  | Promotion *(web site, brochures, stationary, proceedings)* | |  |
|  | Secretarial assistance | |  |
|  | Local Hospitality | |  |
|  | Venue Charges | |  |
|  | **TOTAL** |  | |

12 .**Anticipated income:**

|  |  |  |
| --- | --- | --- |
| **S No** | **Details** | **Amount (Rs)** |
|  | Registration fee |  |
|  | Scientific Exhibition |  |
|  | Grant from the organizing society/Institution/ organisation |  |
|  | Sponsorship |  |
|  | Any other Source |  |
|  | **TOTAL** |  |

13. **Estimated Head-wise Grant requested from CSIR**:

|  |  |  |
| --- | --- | --- |
| S. No. | Budget Head | Amount (Rs) |
| i | Travel expenses for   1. Senior scientists: 2. Young Scientists : |  |
| Ii | Registration Fee Waiver   1. Senior scientists: 2. Young Scientists : |  |
| Iii | Promotion (web site, brochures, Stationery, proceedings) |  |
| Iv | Secretarial assistance |  |
| v | Local Hospitality |  |
| vi | Venue Charges |  |
|  | **TOTAL** |  |

14. Details of other R&D Organizations/agencies approached for sponsoring the proposed activity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Name of the agency/ R&D organization | Grant requested | Grant  received | Grant  expected |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

15. a) Have you received any grant from CSIR during the last 3 years. If yes, give details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Amount (Rs) | CSIR Grant No | Conference Title and period | Whether audited statement of expenditure/UC has been submitted? |
| i. |  |  |  |  |
| ii. |  |  |  |  |
|  |  |  |  |  |

b) Copy of the audited statement of expenditure/utilization certificate of the **LAST GRANT RECEIVED FROM THE CSIR** must be enclosed. **(*Current application will be considered only if the above documents on all previous grants have been received by the CSIR HRDG)***

16. State the name of the Authority (Director, registrar, Dean or any other designated authority) of society/Institution/organization to whom the grant can be released. **(Please note that the grant cannot be released to an individual’s account): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

17. Any other information, which you may like to add:

In not more than 200 words

**We further declare that the information furnished above is correct and that we have submitted all UCs/Audited statement of expenditure for the support availed from CSIR under this Scheme in the past.**

**18. Signatures with Seal:**

|  |  |  |
| --- | --- | --- |
| **Organising Secretary:**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp | **Chairperson of Organising Committee**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp | **Head of the Institution / Organisation**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_**  **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Mob No. \_\_\_\_\_\_\_\_\_  Email ID\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp |

Annexure 3

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| **Form-CSIR/SYM/19/GA** |

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| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH**  **HUMAN RESOURCE DEVELOPMENT GROUP**  **CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT**  **LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA**  **Symposia Grant Scheme for Organising Scientific Events (Symposia/ Seminars / Conferences/ workshops, etc. within India ..d** |

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| **GRANT-IN-AID BILL** |

**(To be filled by the Applicant and submitted in duplicate)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To: Head, HRD Group, CSIR Complex, Pusa, New Delhi-110012**

**Reference CSIR Sanction No: SYM/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_--HRD**

HRD Group, CSIR Complex,

1. Name of the Organisation under whose auspices the Scientific Event was organized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Title/Name of the Scientific Event : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Venue of the Event (Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Period:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From | | | To | | |
| Date | Month | Year | Date | Month | Year |
|  |  | 20\_\_ |  |  | 20\_\_ |

5. Brief report (highlights) of the Scientific Event (Less than 1000 words- Attach separate sheet)

6. (a) Grant Sanctioned: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(b) Total Actual Expenditure: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(c) **Actual expenditure** as per Attached Audited Statement of Expenditure for claim from CSIR: Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

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

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Authority** | **Mark √** |
|  | Director |  |
|  | Registrar |  |
|  | Dean |  |
|  | Finance Officer |  |
|  | Medical Superintendent |  |
|  | Principal |  |
|  | Any Other Authority designated by your Organization/Institute  (Kindly specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |

**Note :** **Grant will be released in the account of Society/Institution/Organization etc only**

**Certified that the amount claimed in this bill was utilized for the purpose for which it has been sanctioned, and the Audited Statement of Expenditure is enclosed as per requirement**.

|  |  |
| --- | --- |
| **Organizer:**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp | **Head of the Organisation (Place of Event)**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp |
|  |  |

**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/DyFA**

Rs \_\_\_\_\_\_\_\_\_\_\_paid vide Cheque No \_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_ through NEFT/RTGS

|  |
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| **Form-CSIR/SYM/19/SE** |

**Annexure 4**

|  |  |
| --- | --- |
| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH**  **HUMAN RESOURCE DEVELOPMENT GROUP**  **CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT**  **LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA**  **Symposia Grant Scheme for Organising Scientific Events (Symposia/ Seminars / Conferences/ workshops, etc. within India ..d** |

**AUDITED STATEMENT OF EXPENDITURE To be filled by the applicant in duplicate**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference: CSIR Sanction No: SYM/\_\_\_\_\_\_\_/\_\_\_\_-HRD**

1. Name of the Society / Organisation under whose auspices the Event was organized:

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

2 Title/Name of the Event:

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

3. Period:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From | | | To | | |
| Date | Month | Year | Date | Month | Year |
|  |  | 20\_\_ |  |  | 20\_\_ |

4. Grant Sanctioned: Rs. \_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

5. Certified that out of Total Expenditure of Rs. \_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

CSIR Grant of Rs. \_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

has been utilized as per the details given below:

|  |  |  |
| --- | --- | --- |
| S. No. | Budget Head | Amount (Rs) |
| i | Travel expenses for   1. Senior scientists: 2. Young Scientists : |  |
| Ii | Registration Fee Waiver   1. Senior scientists: 2. Young Scientists : |  |
| Iii | Promotion (web site, brochures, others) |  |
| Iv | Secretarial assistance |  |
| v | Local Hospitality |  |
| vi | Venue Charges |  |
|  | **TOTAL** |  |

**Certified by: (PL ENSURE ALL SIGNATURES ARE ON THIS PAGE ONLY)**

|  |  |  |
| --- | --- | --- |
| **Organizer:**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp | **Finance Officer/**  **Chartered Accountant**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob. No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp | **Head of Organisation**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_**  Designation \_\_\_\_\_\_\_\_\_\_\_\_\_  Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_  Seal / Stamp |

Annexure 5

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| **Form-CSIR/SYM/19/NEFT** |

*NATIONAL ELECTRONIC FUND TRANSFER (NEFT) FORMAT*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**  **(Pl tick √ mark)** | Saving | Current | Overdraft |
| 7 | **IFSC Code of the Bank** |  | | |
| 8 | **MICR Number** |  | | |
| 9 | **Mobile No. of the Candidate** |  | | |
| 10 | **Email id of the Candidate** |  | | |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of the Head of the Institute/Director/Registrar/Dean/ principal /Administrative Officer/Finance Officer**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal | **Certified by (Bank)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of the Bank Official**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal |

**TO BE FILLED BY CSIR**

**Narration: CSIR SYM**

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

**Deputy/Under Secretary/DDO**