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

1 **Name of the activity** Symposium/Seminar/ Conference/Workshop etc: _____

2 **Name of the Academic Institution under whose auspices the activity is being organized.**

3 **Address of the Institution:**

4 **Convenor, with designation:** ________________________________

5 **Contact details of the convenor:** Email: __________________________

   Mobile: ____________________  Landline (Res) ______________________

   FAX: _______________________

6 **Whether the Institution is a Govt. Organization / University (Central/State/ Deemed) / State Govt College / Private College /Other, Pl Specify**

7 **Title of the activity:** _________________________________________

8 **Venue of the activity:** _________________________________________

   City _________________________ State _________________________

   Pin _______________________
9. **Period of the activity**: From Date ___Month ___ Year 20___ To Date ___Month ___ Year 20___. Total: __________ days

10. 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 ______________________    ______________________

11. Attach a brief note indicating the – (i) details (ii) relevance (iii) expected participation of the activity:

12. 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)
    Research Students: ______ no(s)
    Any Others: ______ no(s)

13. How many delegates would read papers: ____ no(s)

14. Total anticipated expenditure under the following heads:

    (a) TA/DA to speakers: Rs ______
    (b) Pre-Conference printing (announcements, abstracts etc.): Rs.______
    (c) Stationery: Rs._____
    (d) Boarding and Lodging of delegates: Rs. _____

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

15. Total anticipated income out of the following:

    (a) Registration fee of the delegates: Rs.____
(b) Sponsorship and Advertisements: Rs. _____

(c) Any other income : Rs._____

TOTAL of above (a) to (c) : Rs. ________________

16. (a) Grant requested from ACT: Rs. ___

(b) Specific item/items of expenditure for which the grant is requested from ACT

17. Details of other agencies who have been approached for sponsoring the proposed activity:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the agency</th>
<th>Grant Requested (Rs)</th>
<th>Grant Received (Rs)</th>
<th>Grant Expected</th>
<th>Items for which grant will be used</th>
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<tbody>
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</table>

18. Did the organizers receive any grant from ACT in the past 5 years. If yes, please indicate:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Total Amount received (Rs)</th>
<th>Conference Title and period</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rs.</td>
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<tr>
<td>2</td>
<td>Rs.</td>
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</table>

19. Mention the name and address of the authority who will be responsible for submitting the details of expenditure, unused balance, and report of the activity to the Gen. Sec. ACT, 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 ______________________  ______________________
20. Any other information which you may like to add:

Signature of the convenor: ______________

Signature of the Head of the Institution: ___________
( along with seal ) where the activity is to be held.
Name: Dr/ Ms/ Mr ___________________________
Designation: __________________________________

1. The ACT provides partial financial support to recognized colleges and universities for the organization of Symposium / Seminar / Conference / Workshop etc on Chemistry for the benefit of students and teachers.
2. The applications must be received well in advance before the event. No application shall be considered after the event.
3. The application is to be filled in by the Convenor of the event and countersigned by the Head of the Institution where the activity is to be held.
4. Incomplete applications will not be considered
5. Application should be sent to the General Secretary, ACT, one hard copy and also to be sent as a soft copy my email.
6. One copy of the invitation circular, one copy of Proceedings ( hard and soft copy) and the statement of income and expenditure should be sent within one month from the conclusion of the activity.