## SHRI PARMANAND NATUROPATHY SCHOOL

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## APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE FOR ORGANISING SEMINAR/CONFERENCE/WORKSHOP

(To be filled in by the Executive Authority of the parent organization and countersignedby the local organizing committee. All applications for grant of financial assistance should be furnished, completed in all respect with all details in the prescribed proforma (in 2 copies) at least four months before the Seminar / Conference / Workshop.)

1.	Name of the Scientific Association/Society/Institution seeking financial assistance.	
2.	Full Postal Address with PIN Tel. No. with STD Code	
3.	Please indicate whether it is the main Society / Unit / Branch of the main Association/Society and status of the organization which is applying. Regd. Society / Trust with Date of Registration.	
4.	Topic of Seminar / Conference / Workshop. (Please be specific).	
5.	Date(s).	
6.	Place of holding Seminar / Conference / Workshop	
7.	<ul> <li>(a) Scientificdetails of seminar/</li> <li>Conference / Workshop (including various technical sessions). A</li> <li>tentative programme of activities may be enclosed.</li> </ul>	
	(b) Relevance and importance of the topic in the contest of priority areas of national health needs.	
	<ul> <li>(c) Explain briefly as to how the topic of theSeminar</li> <li>/ Conference /</li> <li>Workshop is directly related to propagation of Yoga / Naturopathy.</li> </ul>	

(d) In what	way	the s	Seminar /
Conference /	Worksho	op is e	xpected to
contribute	to	the	existing
knowledge in	the field		

	(e) In case, the to Seminar / Conference / the same as in previous is your justification for s	Work year	shop is s, what			
	(f) Has any hapter / grant from PPCC IAMS Conference/Workshop? reference (Letter No. an	during If so,	g the last t give deta	hree year: ails year	s for organiz wise and (	quote the PPCC IAMS
	Name of Body (including if it is a Branch/Chapter/Unit etc.	Year	Amount	Letter No. and Date	Purpose	Topic of the Seminar/Conference/ Workshop
	1.					
	2.					
	3.					
	(g) If the applicatio Institute / Department		from ar ive details			
	regarding collaboration	n, if a	any, witł	n		
	particular Institute / representative Natio Bodies.		, partment Scientific			
8.	<ul> <li>(a) How many experts are expected to participate? (Indicate the number of national and international experts separately).</li> </ul>			-		
	(b) How many experts are expected to present papers? (Please give their names, designations and topics). If abstracts have been received, please enclose copies.					
	(c) To how many experts TA/DA is offered?					

(d) Please indicate the proportion of expenditure which is to be incurred on the faculty members and on young active scientists for participation in the Seminar / Conference / Workshop.	

	(e) Do you propose to publish the proceedings of the Seminar / Conference / Workshop? If so, how do you propose to meet the expenses? (The PPCC IAMS grant, if sanctioned, will have to be utilized for the Seminar etc. as well as for the publication of the proceedings. No extra grantwill be given by the PPCC IAMS for this purpose).	
9.	What is the total expenditure anticipated? Please give details under different heads. (a) What is the amount requested for from PPCC IAMS	
10.	(a) Income from participants by way of Registration fee etc.	
	(b) Income from other sources	
11.	(a) Whether report and Utilization Certificate for the grant, if any, received earlier from the Council have been submitted	

	(b) Name of the authority who will be responsible for submitting the Audited statement of accounts / utilization Certificate and Proceedings / Report of the Seminar / Conference / Workshop.	
12.	Name, designation and address of the authority in whose favour payment of grant is desired.	

13.	Whether the Organisers are ready to furnish/allow :	
	(a) A briefsummary report of the Seminar / Conference / Workshop and its impact on participants.	
	(b) One copy of the proceedings, as and when published.	
	(c) Five Nominees of the Council for participation in the Seminar / Conference / Workshop without any registration charges	
14.	Any other information relevant to the context.	

Date:\_\_\_\_\_ Signature of the Gead of Institution with seal