UTTARAKHAND COUNCIL FOR BIOTECHNOLOGY, **GOVT. OF UTTARAKHAND**

APPLICATION PROFORMA FOR FINANCIAL ASSISTANCE FOR HOLDING NATIONAL/INTERNATIONAL SEMINAR/ SYMPOSIUM/CONFERENCE /WORKSHOP ON THRUST AREAS OF "BIOTECHNOLOGY"

			_								
1. 2.											
2. 3.											
4.		of the event etc.									
i.											
ii. :::	` ,										
iii. iv.			tives of Seminar highlighting its importance in national								
		ext with reference to the fo		area of comman riighting no importance in riadional							
	(a)	Review of State of Art									
	(b)	Formulate specific pro									
	(c) (d)	Bring out proceedings		n tne subject nposium is relevant to the thrust areas of Biotechnology and its							
	(u)	development.	ıllı lai/Syri	iposium is relevant to the thrust areas or biotechnology and its							
	(e)	Others (Please specify	/)								
(iii)		s on Publication of Procee	-								
	No. of pa										
	No. of co	proceedings be priced?:									
(iv)				ants to whom TA/DA is being offered :							
(v)	Is the Se	eminar held Annually?		· ·							
		give a brief statement of ns of the Seminar held in the		of speakers, number of participants and follow up of the nree years.							
			·	·							
(ibe the background of the p discipline to which they bel		nts (undergraduates/post graduates/Ph.D scholars etc.)							
(vi) Expec	ted level of participation (tid	ck the rel	levant box)							
`				•							
	· /	Less than 50	(e)	200 to 250							
	·	50 to 100 100 to 150	(f) (g)	250 to 350 350 to 500							
	(d)	150 to 200	(h)	500 or more							
	(···)		,								
	(viii) F	Please enclose the following	g docume	ents:-							
(a)		al Programme									
(b) (c)		e list of speakers ement details									
5. Det	tails of Org	ganizing Institution etc.									
	(i) N	lame of the Convener: .									

5.

		(a) (b)	ii) Address Name of the Instituti (with full address) Telephone: Fax/Telefax : E-mail Address:		· · · · · · · · · · · · · · · · · · ·						
	(ii)	Stat	Status of the Organizing Institute :								
	(iii) Name and Address of President/Chairman of the Society /NGO/Voluntary Organization (Contact person, if the Body is a Registered Body)										
6.		Broa	d Details of the total Estimated Expenditure for the event - (estimates in Rupees):								
		(i) (ii) (iii) (iv) (v) (vi) (vii)	TA/DA Pre-Conference Pr Publication of Proc Rental for Venue Stationery / Folders Contingency Miscellaneous / Ott (please specify)	eedings :	: : :	(estimates in R					
7. Details of amount requested/received/committed from other agencies:											
	(a)		urce e of the Agency)		Amount	(Items of Expe	Purpose enditure)				
8.		Financial assistance required from Uttarakhand Council for Biotechnology, Govt. of Uttarakhand (Applicable heads please see below) Item(s) of Expenditure Amount in Rupees									
		TOT	AL :								
9.		Details of previous grants received from Uttarakhand Council for Biotechnology for Seminar etc.									
				Title of the Ser Workshop/con			mission of Utilization Certificate & Fotal Income & Expenditure	_			
		In ca	se the UC is pending	for the past eve	ents, then	Uttarakhand C	ouncil for Biotechnology is unable	tc			

support for your current event.

- Designation in whose name Demand Draft/Cheque is to be issued: 10. (a)
 - Complete Address in whose name the Demand Draft/Cheque is to be dispatched. (b)
- 11. Name of the Authority (with complete address and fax No.) who will be responsible for submitting the Utilization Certificate and Statement Total Income from all the sources & Expenditure signed by Accounts Officer/Finance Officer of the Institute (if Govt. Organization) or audited:

Name & Signature of Applicant

Note: The proposal should be duly forwarded by the Executive Authority of the Institute with signature and seal in the format (03 copies) and be sent to

Director, **Uttarakhand Council for Biotechnology** Biotech Bhavan, P.O. Haldi -263 146, Dist. U.S. Nagar, Uttarakhand)