PROFORMA – II

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. Event (Please tick) : Seminar ☐ Symposium ☐ Conference ☐ Workshop ☐
2. Geographical Coverage (Please tick) : Regional ☐ National ☐ International ☐
3. Broad subject Area :
4. Details of the event etc.
   i. Title :……
   ii. Date (s) :…… ……
   iii. Full address of the Venue: ……
   iv. Please enclose brief statement of objectives of Seminar highlighting its importance in national context with reference to the following :
      (a) Review of State of Art
      (b) Formulate specific programme of action
      (c) Bring out proceedings/papers in the subject
      (d) How the proposed seminar/symposium is relevant to the thrust areas of Biotechnology and its development.
      (e) Others (Please specify)

   v. Estimates on Publication of Proceedings
      No. of pages :……
      No. of copies :……
      Will the proceedings be priced? : …….

   vi. Details of participants to whom TA/DA is being offered :
   vii. Is the Seminar held Annually?

If yes, please give a brief statement *of number of speakers, number of participants and* follow up of the recommendations of the Seminar held in the past three years.

viii. Describe the background of the participants (undergraduates / post graduates / Ph.D scholars etc.) and the discipline to which they belong to

ix. Expected level of participation (tick the relevant box)

(a)	*Less than 50*	*(e)*	*200 to 250*
(b)	*50 to 100*	*(f)*	*250 to 350*
(c)	*100 to 150*	*(g)*	*350 to 500*
(d)	*150 to 200*	*(h)*	*500 or more*

(x) Please enclose the following documents:-

(a) Technical Programme
(b) Tentative list of speakers
(c) Announcement details

5. Details of Organizing Institution etc.

(i) Name of the Convener: ……..
(ii) Address
(iii) Name of the Institution & Department : ……...
(with full address) ……..….
(a) Telephone : …….
(b) Fax/*Telefax* : …….
(c) *E-mail Address*:…….
(iv) Status of the Organizing Institute :
(v) Name and Address of President/Chairman of the Society /NGO/Voluntary Organization (Contact person, if the Body is a Registered Body)

6. Broad Details of the total Estimated Expenditure for the event -

(estimates in Rupees) :

(i)	TA/DA	:	……
(ii)	Pre-Conference Printing	:	……...
(iii)	Publication of Proceedings	:	……...
(iv)	Rental for Venue	:	……
(v)	Stationery / Folders	:	……
(vi)	Contingency	:	……
(vii)	Miscellaneous / Other items *(please specify)*	:	……
	Total	:	

7. Details of amount requested/received/committed from other agencies:

(a) Source (Name of the Agency)	Amount	Purpose (Items of Expenditure)

8. Financial assistance required from Uttarakhand Council for Biotechnology, Govt. of Uttarakhand (Applicable heads please see below)

Item(s) of Expenditure	Amount in Rupees
TOTAL : …….	

9. Details of previous grants received from Uttarakhand Council for Biotechnology for Seminar etc.

UCB Order No. & Date	Title of the Seminar/ Workshop/conference	Status of submission of Utilization Certificate & Statement of Total Income & Expenditure

In case the UC is pending for the past events, then Uttarakhand Council for Biotechnology is unable to support for your current event.

10. (a) Designation in whose name Demand Draft/Cheque is to be issued:
(b) *Complete Address in whose name the Demand Draft/Cheque is to be dispatched.*

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. Pantnagar -263 145,
Dist. U.S. Nagar, Uttarakhand)