

BIHAR COUNCIL OF SCIENCE & TECHNOLOGY

DEPARTMENT OF SCIENCE & TECHNOLOGY, GOVERNMENT OF BIHAR

INDIRA GANDHI SCIENCE COMPLEX – PLANETARIUM

ADALATGANJ, BAILEY RAOD, PATNA - 800001

Phone No. : 0612-2235264, Fax : 2230432

Website : www.bcst.org.in Email : pd@bcst.org.in, info@bcst.org.in

(Proforma for submission of application for Grant – in- Aid for organizing Seminar/Symposia/ Workshops/ Trainings & Conferences)

(To be submitted in typed one side A-4 size paper)

1. Name of Institution : _____
2. Department : _____
3. Name of the organizers with
Designation/full address & phones No. & Fax no.: _____
4. Nature of activity (Symposia, Seminar/
Workshop/ Trainings/ Conference : _____
5. (a) Proposed date (S) : From _____ To _____
(b) Duration :
6. Title of the activity : (In English and in Hindi)
(a) Hindi _____
(b) English _____
7. Objectives (in about 50 words)
(How the proposed activity is likely to help in development programmes of
the Institution/ State)
8. Detailed back ground of the proposed Seminar/ Symposium/ Workshop etc.
(in about 500 words under following heads) :
 - i) Definition of the problem in the context of its relevance and priority for the region.
 - ii) Background information, Survey or document data on the problem.
 - iii) Pilot studies or efforts already initiated by the Institution on the problem.
 - iv) Internal resources available at the organization and those expected from outside.
 - v) The areas / topics proposed to be covered at the Seminar / Symposium with a view to
generate mission orient approach for tackling the problems.
 - vi) Significance of the proposed socio – economic activity as well as its application in socio
– economic development of the State.

Participants : (Approx Number)

1. Outstation :
2. Local :
3. Resource Persons (not exceeding from 5 to 10 for Symposia and Seminar)
(Approx Number _____ (Please give Name (s) Designation &
Specialization.
4. Special Invitees for guest lecture, if any (Visiting Professor / Expert) – Give name full
address and Specialization.

Financial Implication: (Permissible expenditure at the rate as per attached list)

1. Participants TA (No. (Rs.) Approx Rs. _____ Outstation

(Note : Incidental to be used by the Organizer)

DA (No. (Rs.) Approx Rs. _____

b. Resource persons TA (No. (Rs.) Approx Rs. _____ Incidental
DA (No. (Rs.) Approx Rs. _____

c. Local DA (No. (Rs.) Approx Rs. _____

Participants

II. Secretarial assistance :

(Part-time/ Full time staff

Required Duration (days) _____ Rs. _____

Lab facilities Duration (days) _____ Rs. _____

III. Contingencies :

a. Stationery, Postage:

b. Petrol/ Diesel for

Transport (_____ lit. _____ Rs. _____

IV. Laboratory /Workshop

(Consumable material) specify : Rs. _____ Rs. _____

V. Printing of abstracts : Rs. _____ Rs. _____

& report of Seminar/ Workshop etc.

VI. Honorarium for Special invited lectures)

(Please give titles and names) Rs. _____

Total Rs. _____

**The Audited Utilization report of the accounts incurred be submitted through head
of the Institution after the event is over.**

FORWARDING NOTE

We have read the terms & Conditions of the Grant – in – Aid for organizing the aforesaid
programme and agree to abide by them.

SIGNATURE

(Head of the Hosting Institute)

(Seal)

Signature :

(Organizer)

Designation :