



Indian Council of World Affairs

Sapru House, Barakhamba Road
New Delhi

APPLICATION FORM FOR ICWA CONFERENCE GRANT

Note: Application to be typed in Times New Roman font size 12. The application is to be filled in by the Executive Authority of the Parent Organization and countersigned by the local organizing Committee and the Head of the Institution where the Conference would be held. Incomplete applications and those not received at least three months prior to the event will not be considered.

1. (a) Name of the Society/Academic Institution/Organization under whose auspices the Conference is proposed to be organized.

Note: Supporting documents to be provided to validate its accreditation status. A copy of each of the following may be enclosed in case of a Society- Registration Certificate; Memorandum of Association; Bylaws; Audited statement of accounts of the previous year. In case of Academic Institution, whether the Institution/Body is a Govt. Organization / UGC recognised University (Central / State / Deemed)/ State Govt College / Autonomous Body / Research Institute.

- (b) Name of the Conference:

- (c) Thematic Area and a brief (approx. 1000 words) stating the relevance of organizing the conference around the proposed theme in present geo political context and national foreign policy goals.

- (d) Venue of the Conference:

- (e) Time and date of the Conference:

- (f) Details of last Conference on similar theme organized:

- (g) Attach Draft Programme of the proposed Conference, total expected participants (with breakup of national and foreign delegates) details of tentative speakers (brief bio profile).

- (h) Contact details of Nodal person for all Communication:

2. Total anticipated expenditure under the following heads:

(a) TA/DA: Rs

(b) Pre-Conference printing (announcements, abstracts etc.): Rs._

(c) Stationery: Rs.

(d) Secretarial Assistance: Rs.

(e) Publication of proceedings:

(i) No. of pages:

(ii) No. of copies to be printed:

(iii) Estimated expenditure: Rs.

(f) Boarding and Lodging of delegates: Rs.

(g) **TOTAL of above (a) to (f):** Rs.

3. (a) Grant requested from ICWA: Rs.

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

4. Details of other R&D Organizations / Other agencies who have been approached for sponsoring the proposed activity:

S. No	Name of the agency	R&D Organ. (Pl tick mark V)	Grant Requested	Grant Received	Grant Expected	Items for which grants have been requested
1		Yes / No	Rs	Rs	Rs	
2		Yes / No	Rs	Rs	Rs	
3		Yes / No	Rs	Rs	Rs	
4		Yes / No	Rs	Rs	Rs	

5. (a) Did the organizers receive any grant from ICWA in the last five years. If yes,

S. No	Total Amount	ICWA Grant Reference No	Conference and period	Title	Whether the Utilization Certificate have been submitted (indicate the reference number and date also)
1	Rs.	Sym/			Yes / No (Pl tick mark V) Reference No.
2	Rs.	Sym/			Yes / No (Pl tick mark V)
	Rs.	Sym/			Yes / No (Pl tick mark V)

- (b) Copy of the Audited Utilization Certificate of the last grant received from ICWA may please be enclosed.

6. Mention the name and address of the authority who will be responsible for submitting the Audited utilization certificate 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

7. Willingness certificate/letter from the Institute/Agency, which has extended facility for holding Symposium/Seminar/Conference/Workshop etc.

8. Pl tick mark (V) the name of the authority to whom the NEFT payment is to be made: Director/Registrar/Dean/Medical Superintendent/Principal/Finance Officer/any authority designated by your Organization / Institute, kindly specify

9. Any other information which you may like to add:

Signature of the Organizer: ____

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 _____

**Signature of the Executive Authority of
the Local Organizing Committee**

(Note :Organizer and Executive Authority should not be the
Same)

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 _____

**Signature of the Head of the Institution/ ____
Organization (along with seal)
where the Symposium/Seminar is to be held.**

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 _____

SUMMARY
(TO BE FILLED BY ORGANIZER)

1. **Name** of the Society/Academic Institution/University under whose auspices the Conference is proposed to be organized:
2. Name of the Conference:
3. Thematic Area:
4. Date of the Conference:
4. Total no of delegates expected to participate: no(s)
5. Total anticipated expenditure: Rs.
6. Grant requested from ICWA and details Specific item/items of expenditure for which the grant is requested from ICWA Rs.
7. Details of enclosures:

S. No	Details	Enclosed Yes/ No
a	In case of a Society- Registration Certificate; Memorandum of Association; By laws; Audited statement of accounts of the previous year	Yes / No (Pl tick mark V)
b	Copy of audited Utilization Certificate of the last grant enclosed	Yes / No (Pl tick mark V)
c	In case of University/ College : Documents supporting details of affiliations and recognition status	Yes / No (Pl tick mark V)

Signature of Organizer_____

TO BE FILLED BY ICWA COMMITTEE

Recommendation of ICWA: Reg Deferred / Rs_____

Signature of Head of Committee:_____