**ICSSR NORTH-WESTERN REGIONAL CENTRE: PANJAB UNIVERSITY, CHANDIGARH**

**Proforma for submitting proposal (s) for the seminars/Conferences/Workshops:**

|  |  |  |
| --- | --- | --- |
| 1 | Name & Address of the Department / College: |  |
| 2 | 1. Telephone (with code) & Mobile No.
2. E-mail (in Capital letters):
 |  |
| 3 | 1. Title of the Seminar:
2. Thrust Area:
3. Sub Theme:
4. How it will benefit the Study:
5. How it will contribute to policy making:
 | …………………………………………………------------------------------------------------------------------------------------------------------------------------------------------------------------------------------Annexure:Annexure: |
| 4 | Discipline: |  |
| 5 | Seminar proposal providing clear and precise idea of the thrust of the seminar: | Annexure:  |
| 6 | An outline of the sub-theme for the various sessions of the seminar: | Annexure:  |
| 7 | No. of days along-with proposed dates for seminars/conference/workshop: |  |
| 8 | A tentative list of out-station experts to be invited from the North-Western Region (if any): |  Annexure:  |
| 9 | A tentative list of local experts:  | Annexure:  |
| 10 | Details of un-adjusted grants sanctioned earlier by the ICSSR N.W.R. Centre, Chd. | Sr. No. Year Amount1. |
| 11 | Details of expenditure to be incurred. 1. Travel expenses (Domestic)
2. Travel expenses (International)
3. Hospitality/ Accommodation.
4. Honorarium to Key Note Speaker in case of published lecture.
5. Secretarial assistance (To supporting staff)
6. Misc. contingent expenditure on postage, photocopying, Stationery etc.
7. Any other head.

 TOTAL EXPENDITURE: Rs |  |
| 12 | Other sources from where finances are / can be generated: |  |
| 13 | Brief CV of the Convener (s)with complete address and mobile no.: | Annexure: |
| 14 | Name and Address of the Officer responsible for submitting the accounts and seminar papers. **Phone: (O) …. Mobile:….Email:…** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 (Signature)

Chairman / Head of the University Department / Principal of the College

 (Seal