

**SHASTRI MEMBERSHIP DEVELOPMENT GRANT (SMDG) 2020-21**

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| Personal Details: | |
| First Name of Applicant: :  Title :  Institution: | Surname:  Gender: M/F |
| Applicant’s Mailing Address: | Telephone:  Mobile (if preferred):  Fax:  E-mail: |
| Name of the Event:  Date:  Venue:  Number of participants:  Types of Participants (i.e. academia, students, communities, government, etc.): | |
| a. Please describe briefly the activities conducted as part of this grant (500 words). | |
| b. Was this event successful in achieving the intended objectives and how? (300 words) | |
| c. Enlist the possibilities wherein the event could promote SICI in your organization? (100 words) | |
| d. Please indicate future plans (if any) based on the experience of this event. | |
| e. Please provide your feedback (if any) on the SMDG grant. | |

**FINANCIAL REPORT**

Note: Please Complete The Following Financial Report Detailing All Your Expenses As Part Of This Grant.

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| **Description of items (expenses)** | **Amount** |
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| **Total Expenses** |  |
| **Funds received by the Shastri Institute** |  |