

**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**  |  |