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| NEW Shastri Logo 150 resolution for in-house use SHASTRI MEMBERSHIP DEVELOPMENT GRANT APPLICATION FORM 2017-2018 | | | | | | | |
| **1** | | Last Name: | First Name: | | | Gender: M  F | |
|  | |  | Age as on 31st January 2017 | | | Years  Months | |
| Designation: | | | | | |  | |
| Mailing Address: | | | | Permanent/Home Address: | | | |
| Telephone:  Facsimile:  E-mail: | | | | Telephone:  Facsimile:  E-mail: | | | |
| Communication related to this application should be sent to: Mailing  Permanent | | | | | | | |
| **2** | | Name and address of the Institution: | | | | | |
|  | | | | | | | |
| **3** | | Details of Planned Event: | | | | | |
| * Name of the Event: * Date/s of the Event: * Venue of the Event: * Number of participants: * Type of participants: | | | | | | | |
| **4** | | **Pleasestate the key objectives of the event and whether the event’s topic is appealing to a broader audience (300 words):** | | | | | |
|  | | | | | | | |
| **5** | | **Please describe the expected immediate outcomes of the event (250 words):** | | | | | |
|  | | | | | | | |
| **6** | | **Please describe how will the event contribute to the development of your institution/department (200 words)** | | | | | |
|  | | | | | | | |
| **7** | | **Please indicate how the event will contribute in promoting the Canadian Studies in India (300 words)** | | | | | |
|  | | | | | | | |
| **6** | | **Please indicate how the Shastri institute will be showcased at this event? What are the promotional materials to be used i.e., posters, presentation…etc (100 words)** | | | | | |
|  | | | | | | | |
| **7** | | **Please provide a detailed breakdown budget outlining how the fund would be spent:** | | | | | |
|  | | | | | | | |
| **8.** | Documents Checklist | | | | | | |
|  | **Document Name** | | | | | | **Mandatory** |
| 1 | A Complete filled in Application form, | | | | | | Yes |
| 2 | 2. Detailed proposal of the activity to be carried out with the funding requested under SMDG, | | | | | | Yes |
| 3 | 3. Curriculum Vitae of the person who will be the in charge of the proposed activity under SMDG, | | | | | | Yes |
| 4 | 4. Detailed Budget with different components of expenses, | | | | | | Yes |
| 5 | Employee Endorsement Form. | | | | | | Yes |
| **9.** | Signature | | | | | | |
|  | | | | |  | | |
| Applicant’s Signature | | | | | Date | | |