

**APPLICATION FORM: SHASTRI PROGRAMME DEVELOPMENT GRANT (SPDG) 2017-18**

**SECTION A: PERSONAL INFORMATION**

1. Programme Director:

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| --- | --- | --- | --- |
| **1.** | **Last Name** | **First name** | **Gender: F 🞏 M 🞏** |
| **Title:**  | **Date of Birth:** | Day | Month | Year |
|  |  |  |  |
|  | **Age as on 31st July 2017:** |  |  |  |
| **Gender:**  | **Male:** 🞏  |  | **Female** : 🞏 |
| **Nationality:**  |  |

1. **Address:**

|  |  |  |
| --- | --- | --- |
| Correspondence:Telephone: Mobile: E‑mail : | Permanent: Telephone: Mobile: E‑mail : | Educational Institution:Telephone: Mobile: E‑mail : |

* **Communications about an award should be sent to**: Correspondence Address 🞏 Educational Institution 🞏
1. Employment Status:

Tenured/Full Time 🞏 Part Time 🞏 Ad-hoc/Contractual 🞏

1. **Please indicate whether you are associated with a SICI member institution.**

 Yes 🞏 No 🞏

**SECTION B:** **Academic Qualifications**

1. **a) Highest Academic Qualifications:**

|  |  |  |
| --- | --- | --- |
| Degree/Course | University/Board | Specialization |
|  |  |  |

1. **Language Abilities\*:** English French Hindi

 Oral 🞏 🞏 🞏

 Written 🞏 🞏 🞏

\* Please indicate proficiency with corresponding letters: **E**xcellent (E), **G**ood (G), **F**air (F) or Nil (N).

1. **Short curriculum vitae of Project Director:** (Please attach as annexure and the CV should not be more than 4 pages focusing expertise/experience in similar activity/event)
2. **Names, titles, address and telephone numbers of other team members, for the proposed activity for which grant is requested.**

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| --- | --- | --- |
| Name | Institution  | Contact no. |
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**SECTION C:** **Details of the Event/Programme/Project/Any Other activity proposed**

1. Title:
2. Please attach annexure of the full proposal on activity proposed for the grant like scope, objectives, and relevance/significance/ contributionin development orexpansion of knowledge about India/Canada or development/sharing/building of idea and intended outcome.
3. Duration of Activity:
4. Tentative Dates\*:

Opening date: Closing date:

1. Number of beneficiaries/participants in the proposed activities.
* Direct
* Indirect
1. **Would you like to continue with the same Event/Programme/Project in future in your institution, if yes please provide plan below in not more than 150 words.**

Yes 🞏 No 🞏

**SECTION D:** **BUDGET**

**Details of the Budget:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. no.** | **Revenues** | **INR** | **CAD** |
| **A** | Grant Request from SICI |  |  |
| **B** | Support From Your Institution |  |  |
| **C** | Support From Any Other Sources |  |  |
| **D** | Revenues From Conferences And Activities |  |  |
| **E** | Sponsors |  |  |
| **F** | Publications Revenues |  |  |
| **G** | Describe In Kind Provided By Your Institution |  |  |
|  | **Grand Total** |  |  |

**Breakup of budget:** Provide a detailed breakup of total budget of the event. Please indicate expenses that will be met out of total budget available for the proposed activity and not only for the expenses that would be met out of the SICI funding requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Expenses** | **INR** | **CAD** |
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**NOTE: REVENUES & EXPENSES AMOUNTS MUST BE EQUAL**

\*Please note if awarded, Shastri Institute may request you to alter your date of event (only for the academic activity like conference/seminar/workshop etc.) if there is any date clash with the institute’s activity.

**SECTION E: Please check the appropriate boxes on the right indicating that the necessary materials are included with your application. THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

|  |  |
| --- | --- |
| **List of Documents** | **Status (Put × or ✓)** |
| 1. One Electronic copy of the Shastri Application Form with applicant/s signature on it (In single pdf file includes all relevant document) at siciapplications@sici.org.in
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| 1. Curriculum Vitae of Programme Director
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| 1. Employer’s endorsement letter
 | 🞏 |
| 1. Details of Activity/Programme
 | 🞏 |
| 1. Development plan of Programme
 | 🞏 |
| 1. Detailed budget
 | 🞏 |
| 1. Any other, please mention
 | 🞏 |

**SECTION F: AUTHORIZED SIGNATORY**

**Name, title of University official authorizing approval and institutional compliance with this Shastri Programme Development programme.**

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| --- |
| Institution/Organization whose name will appear on the grant agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the person in authority to sign the grant agreement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Designation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution: \_\_\_ \_**Discipline Represented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**Signature Date Seal/Stamp of**  Vice-Chancellor/Academic Dean/Registrar**/** HoDs/ Research offices/ Administrative Head |

**SECTION J: ACCEPTANCE OF THE CONDITIONS OF AWARD**

I confirm that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is an Programme Director

at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accepts the conditions of the Award.

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Date Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Place