

M.P. COUNCIL OF SCIENCE & TECHNOLOGY
Vigyan Bhawan, Science Hills, MANIT Campus, Nehru Nagar – 462003

Phone No. : 2755 - 2671610, 2671612, 2671603 Fax : 2671600 Website : www.mpcost.nic.in

**(Proforma for submission of application for Grant – in- Aid for organizing Seminar/
Symposia/ Workshops/ Trainings & Conferences)
(To be submitted in five typed copies)**

1. Name of Institution : _____
2. Department : _____
3. Name of the organizers with
Designation/full address & phones No. & Fax no.: _____

4. Nature of activity (Symposia, Seminar/
Workshop/ Trainings/ Conference : _____

5. (a) Proposed date (S) : _____ From _____ To _____
(b) Duration :
6. Title of the activity : (In English and in Hindi)
(a) (a) Hindi
(b) (b) English _____
7. Objectives (in about 50 words)
(How the proposed activity is likely to help in development programmes of
the Institution/ State)
8. Detailed back ground of the proposed Seminar/ Symposium/ Workshop etc.
(in about 500 words under following heads) :
 - i) Definition of the problem in the context of its relevance and priority for the region.
 - ii) Background information, Survey or document data on the problem.
 - iii) Pilot studies or efforts already initiated by the Institution on the problem.
 - iv) Internal resources available at the organization and those expected from outside.
 - v) The areas / topics proposed to be covered at the Seminar / Symposium with a view to generate mission orient approach for tackling the problems.
 - vi) Significance of the proposed socio – economic activity as well as its application in socio – economic development of the State.

Participants :

(Approx Number)

1. Outstation :
2. Local :
3. Resource Persons (not exceeding from 5 to 10 for Symposia and Seminar (Approx Number _____) (Please give Name (s) Designation &

Specialization.

4. Special Invitees for guest lecture, if any (Visiting Professor / Expert) – Give name full address and Specialization.

Financial Implication: (Permissible expenditure at the rate as per attached list)

1. Participants TA (No. _____ (Rs.) Approx Rs. _____
Outstation
(Note : Incidental to be used by the Organizer)
DA (No. _____ (Rs.) Approx Rs. _____
- b. Resource persons TA (No. _____ (Rs.) Approx Rs. _____
Incidental
DA (No. _____ (Rs.) Approx Rs. _____
- c. Local DA (No. _____ (Rs.) Approx Rs. _____
Participants
- II. Secretarial assistance :
(Part-time/ Full time staff
- Required Duration (days) _____ Rs. _____
Lab facilities Duration (days) _____ Rs. _____
- III. Contingencies :
a. a. Stationery, Postage:
b. b. Petrol/ Diesel for
Transport (_____ lit. _____ Rs. _____
- IV. Laboratory /Workshop
(Consumable material) specify : Rs. _____ Rs. _____
- V. Printing of abstracts : Rs. _____ Rs. _____
& report of Seminar/ Workshop etc.
- VI. Honorarium for Special invited lectures)
(Please give titles and names) Rs. _____
- Total Rs. _____

1. Utilization report of the accounts incurred may be sent immediately through head of the Institution after the event is over.

2. Final 'I' (Participant's response) may please be sent to the Council duly filled by all the participants immediately after the activity is over.
3. If proceedings are to be printed, a separate request made to the Council for publication grant.

FORWARDING NOTE

We have read the terms & Conditions of the Grant – in – Aid for organizing the aforesaid programme and agree to abide by them.

SIGNATURE
(Head of the Hosting Institute)
(Seal)

Signature :

(Organizer)

Designation :

PROFORMA FOR EVALUATING MAPCOST SPONSORED PROGRAMMES – I

(To be filled in by participants)

Note: You may/ may not sign this paper to reveal your identify : but please be frank to help MAPCOST to improve such activities in future.

Title (of the Programmes) :

(A) (A) English :

(B) (B) Hindi :

Institution (where organized) :

Date (s):

Hours:

Were you sponsored/ deputed by your institution ? Yes/No

Are you on duty leave ? Yes/No

Were you permitted to come at your own request ? Yes/No

Are you on special Causal leave ?

Are you on duty leave ? Yes/No

Were you permitted to come at your own request ? Yes/No

Are you on special Causal leave ? Yes/No

Were the objectives of the activity communicated to you in advance? Yes/No

Did you make any preparation for participation, if yes please specify? Yes/No

Were you informed sufficiently in advance ? Yes/No

Which of the activities were most profitable to the participants ? _____

Of these which were most rewarding to you personally ?

Which activities were least valuable to the participants ?

What other activities would have enhanced the value of the Seminar/ Workshop ?

What else would you like to be included in such programmes in future ?

Academic:

Organizational :

How satisfactory were the following arrangements:

Lodging :

Boarding :

Transport :

How far, in your opinion, the academic experience is likely to be useful to you and / or your institution and in what way (s)

Would you like participating in similar activities in future?

Yes / No

In what way (s) in your opinion, can such activities to be made more valuable?

If you would care to make any other observation, please specify?

(SIGNATURE)
(only if you wish to reveal
Your identify)

Place:

Date: