

## Format for Submission of Seminar Funding Proposal

|   |                                      |                      |                            |                            |         |
|---|--------------------------------------|----------------------|----------------------------|----------------------------|---------|
| <b>1. College Details</b>   |                                      |                      |                            |                            |         |
| i   | Name & Address of the College        |                      |                            |                            |         |
| ii  | Phone No.                            |                      |                            |                            |         |
| iii   | Email I/D                            |                      |                            |                            |         |
| <b>2. Bank Details of the College</b>   |                                      |                      |                            |                            |         |
| i   | Name & Address of Banker             |                      |                            |                            |         |
| ii  | IFS Code                             |                      |                            |                            |         |
| iii   | Phone No.                            |                      |                            |                            |         |
| iv  | Account No. of the College.          |                      |                            |                            |         |
| <b>3. Activity Details (Please Tick ( ) the appropriate item)</b>   |                                      |                      |                            |                            |         |
| i   | Nature of Activity Proposed          | Conference           | Workshop                   | Seminar                    | Other   |
| ii  | Geographical Coverage                | International        | National                   | Regional                   | Local   |
| iii   | Department (s) Involved              | One                  | Two                        | Three                      | > Three |
| <b>4. Proposed Dates of Conference/ Workshop/ Seminar</b>   |                                      |                      |                            |                            |         |
| From  |                                      | To                   |                            | Total Days                 |         |
|   |                                      |                      |                            |                            |         |
| <b>5. Name (s) of Academic Department(s) involved (in case of Joint/multi-disciplinary Seminar)</b>       |                                      |                      |                            |                            |         |
| Sl.   | Name of Departments                  | Total No. of faculty | Total No. of Students      | Expected No. Presentations |         |
| i   |                                      |                      |                            |                            |         |
| ii  |                                      |                      |                            |                            |         |
| iii   |                                      |                      |                            |                            |         |
| iv  |                                      |                      |                            |                            |         |
| v   |                                      |                      |                            |                            |         |
| <b>6. Convenor/Co-ordinator/Organizing Secretary details</b>  |                                      |                      |                            |                            |         |
| i   | Name of faculty                      |                      |                            |                            |         |
| ii  | Academic Department                  |                      |                            |                            |         |
| iii   | Address                              |                      |                            |                            |         |
| iv  | Phone No.                            |                      |                            |                            |         |
| v   | Email I/D                            |                      |                            |                            |         |
| vi  | Name & Address of Bank               |                      |                            |                            |         |
| vii   | IFS Code                             |                      |                            |                            |         |
| viii  | Bank Account No.                     |                      |                            |                            |         |
| <b>7. Joint Convenor/Co-ordinator/Organizing Secretary, details, if any</b>                               |                                      |                      |                            |                            |         |
| Sl.   | Name of faculty                      | Department           | Phone No.                  | Email I/D                  |         |
| i   |                                      |                      |                            |                            |         |
| ii  |                                      |                      |                            |                            |         |
| iii   |                                      |                      |                            |                            |         |
| <b>8. Co-Sponsors/Other sources funding details, if any (International/National/Regional &amp; Local)</b> |                                      |                      |                            |                            |         |
| Sl.   | Co-Sponsor Name, Address & Email I/D | Phone No.            | Sanction Letter No. & Date | Amount Sanctioned          |         |
| i   |                                      |                      |                            |                            |         |
| ii  |                                      |                      |                            |                            |         |



| 9. Tentative details of estimated expenditures for which financial support is sought  |  | Amount (Rs.)  |   |                      |
|---|--|---|---|----------------------|
| Sl.   | Expenditure Heads  |   |   |                      |
| i   | TA of Resource Persons   |   |   |                      |
| ii  | Honorarium @ Rs. 1000/- per day for Resource Persons   |   |   |                      |
| iii   | Pre- Seminar Printing  |   |   |                      |
| iv  | Publication of Proceedings   |   |   |                      |
| v   | Local Hospitality (Lodging restricted to 25% of total estimate)  |   |   |                      |
| vi  | Local Hospitality (Boarding restricted to 25% of total estimate)   |   |   |                      |
| vii   | Participants' kits and other miscellaneous items   |   |   |                      |
| <b>Grand Total (Rupees)</b>   |  |   |   |                      |
| <b>10. A detailed Note on Conference/ Workshop/Seminar etc., theme proposed.</b>  |  |   |   |                      |
| i   | Title  | <i>(Write the title of activity here above and enclose the detailed note on activity on separate sheet(s) as prescribed in point (i) to (v) in the left column)</i> |   |                      |
| ii  | Introductory note on the activity  |   |   |                      |
| iii   | Aims & objectives of the activity  |   |   |                      |
| iv  | Expected Outcome   |   |   |                      |
| v   | Session wise details of topics to be discussed with resource person (s)  |   |   |                      |
| <b>Target Audience/Participants with expected Nos.</b>  |  |   |   |                      |
| College Teachers  | College Students   | Paper Presenters  | Experts & Invitees                              | <b>Total Nos.</b>    |
|   |  |   |   |                      |
| <b>Details of Internal Revenue , if any, generated</b>  |  |   |   |                      |
| Teachers Registration   | Student Registration   | Participants Registration   | Others Sources                                  | <b>Total Revenue</b> |
| Rs.   | Rs.  | Rs.   | Rs.   | Rs.                  |
| <b>11. Details of Seminars held in the college in last three years</b>  |  |   |   |                      |
| i   | Enclose a list of such Seminars held in the college in last three years on a separate sheet mentioning – Title/Theme of the activity, Geographic coverage (international, national, regional, local) when held, number of Participants (College Teacher, Students, Experts, outside participants) Funding Agency, Head-wise & Total Expenses Incurred etc. |   |   |                      |
| <b>Any other relevant information that Convenor/Co-ordinator/Organizing Secretary feels important in support of the proposal, that may help to evaluated the proposal</b> |  |   |   |                      |
| i   | If needed enclose on separate sheet.   |   |   |                      |
| <b>12. Declaration/Certified that</b>   |  |   |   |                      |
| i   | The general facilities are available in the College/Department to carry out such Seminar.  |   |   |                      |
| ii  | I/We shall abide by the rules as framed under the scheme "Seminar Funding" by the Government of Arunachal for sanctioning such scheme grant.   |   |   |                      |
| iii   | If I/We fail to conduct Seminar the government may terminate the Seminar and ask for the refund of the entire amount released immediately with interest.   |   |   |                      |
| iv  | The above project is not funded by any other agency (other than listed above at point No. 8 of this proposal) or is proposed to be submitted to any other agency or shall be submitted in future to any other agency for funding.  |   |   |                      |
| v   | All required document, if any, are enclosed with the proposal.   |   |   |                      |
| <b>13. Signature of the Convenor/Co-ordinator/Organizing Secretary &amp; Counter Signature of the College Principal forwarding the Seminar Funding Proposal</b>           |  |   |   |                      |
| Sl.   | Seminar Designation  | Name with official Designation  | Signature(s)/Counter Signature with Seal & date |                      |
| i   | Convenor/Co-ordinator/Organizing Secretary   |   |   |                      |
| ii  | Jt. Convenor/ Jt. Co-ordinator/ Jt. Organizing Secretary   |   |   |                      |
| iii   | College Principal  |   |   |                      |

## Acceptance Certificate for Research Project Funding

|    |   |                              |                                       |
|----|---|------------------------------|---------------------------------------|
| 1  | Name of the Convenor/Co-ordinator/<br>Organizing Secretary  |                              |                                       |
| 2  | Date of Birth and Joining date as College<br>Teacher  | Date of Birth                | Date of Joining as<br>College Teacher |
| 3  | Govt. Sanction Order No. & Date   |                              |                                       |
| 4  | Title/Theme of the Seminar/Workshop   |                              |                                       |
| 5  | Date of Commencement of Research<br>Project   |                              |                                       |
| 6  | The research project is not being supported by any other funding agency, private or public.   |                              |                                       |
| 7  | The terms and conditions related to the grant are acceptable to the Principal investigator and the college.   |                              |                                       |
| 8  | At present, I have no research project approved by Govt. of Arunachal Pradesh or UGC or any other private or public institution and accounts for the previous project (s), if any have already been settled |                              |                                       |
| 9  | The Principal Investigator is in the regular service of the Government of Arunachal Pradesh.  |                              |                                       |
| 10 | <b>Name &amp; Signature</b>   |                              |                                       |
|    | (<br>Convenor/Co-ordinator/ Organizing<br>Secretary   | ( Principal of the College ) |                                       |



Feedback Form

|   |  |  |                      |                           |                    |               |
|---|--|--|----------------------|---------------------------|--------------------|---------------|
| <b>Directorate's Sanction Letter No. &amp; Date</b>   |  |  |                      |                           |                    |               |
| a   | Total Amount Sanctioned                                      |  |                      |                           |                    |               |
| b   | Amount Released  |  |                      |                           |                    |               |
| c   | Name & Address of the College                                |  |                      |                           |                    |               |
| d   | Name of the Convener/Co-ordinator/<br>Organization Secretary |  |                      |                           |                    |               |
| <b>Nature of Activity</b><br>(Tick Mark ( ) the appropriate item)   |  | Conference   | Workshop             | Seminar                   | Other              |               |
| <b>Title/Theme of the Activity</b>  |  |  |                      |                           |                    |               |
| <b>Duration of the Activity</b>   |  | From   | To                   | Total Days                |                    |               |
| <b>Venue of the Activity</b>  |  |  |                      |                           |                    |               |
| <b>Collaborating Agency(s)</b>  |  | Sanction Letter No. & Date   |                      | Amount Received           |                    |               |
| Sl.   | Name & Address   |  |                      |                           |                    |               |
| a   |  |  |                      |                           |                    |               |
| b   |  |  |                      |                           |                    |               |
| <b>Total Number of Participants</b>   |  | College Teachers   | College Students     | Paper Presenters          | Experts & Invitees | Total Nos.    |
| a   | Proposed   |  |                      |                           |                    |               |
| b   | Attended   |  |                      |                           |                    |               |
| <b>Details of Internal Revenue , if any, generated</b>  |  | Teachers Registration  | Student Registration | Participants registration | Others Sources     | Total Revenue |
| a   | Proposed   |  |                      |                           |                    |               |
| b   | Received   |  |                      |                           |                    |               |
| Number of Paper Presented   |  | Enclose a separate sheet detailing –Title of the paper, Name of the Presenter, address, Phone No., Email I/D |                      |                           |                    |               |
| <b>Total Expenditure Incurred</b>   |  |  |                      |                           |                    |               |
|   |  |  |                      |                           |                    |               |
|   |  |  |                      |                           |                    |               |
|   |  |  |                      |                           |                    |               |
| <b>Brief Note on the benefits</b> derived in terms of technological, academic, skills or any other benefit by conducting the activity with respect to (i) institution (ii) teachers, (iii) Students, (iv) Industry and (v) local society in general.<br>(Please on separate sheet highlighting on the above mentioned points) |  |  |                      |                           |                    |               |
| <b>Name, Seal &amp; Signature</b>   |  |  |                      |                           |                    |               |
| ( )<br>Name & Signature of the Convener/Co-ordinator/<br>Organization Secretary   |  | ( )<br>Name & Signature of the concerned College<br>Principal  |                      |                           |                    |               |

### Seminar Fund Utilization Certificate

Certified that the grant of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)  
received from the Government of Arunachal Pradesh under the scheme of "Seminar/Workshop  
Funding" on the Seminar/Workshop titled \_\_\_\_\_  
vide sanction order No. \_\_\_\_\_ dated \_\_\_\_\_  
has been fully utilized for the purpose for which it was sanctioned in accordance with the terms  
and conditions laid down by the Government of Arunachal Pradesh.

( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
Co-ordinator/ Organizing Secy    Principal of the College    Statutory Auditor



## Format for Statement of Expenditure &amp; Utilization Certificate

|   |   |        |   |
|---|---|--------|---|
| 1   | Directorate's Sanction Letter No. & Date                                    |        |   |
| 2   | Title/Theme of the Activity ( <i>Conference, Workshop, Seminar/ Other</i> ) |        |   |
| 3   | Name of the Convener/Co-ordinator /Organization Secretary                   |        |   |
| 4   | Total Number of Participants  |        |   |
| 5   | Duration of the Activity  | From   | To                                      |
|   |   |        |   |
| 6   | Derails of Receipts and Payments  |        |   |
|   | Receipts  | Amount | Payments                                |
|   |   |        | Amount                                  |
| 1   | 1 <sup>st</sup> Instalment of Govt. Grant                                   |        | 1 TA for Resource Persons               |
| 2   | International Resources Generated   |        | 2 Honorarium for Resource Persons       |
| 3   | Sponsorship Received  |        | 3 TA for Paper Presenters               |
|   |   |        | 4 Pre Activity Printing                 |
|   |   |        | 5 Publication Of Proceeding             |
|   |   |        | 6 Local Hospitality ( <i>Lodging</i> )  |
|   |   |        | 7 Local Hospitality ( <i>Boarding</i> ) |
|   | <i>Total Receipts</i>   |        | <i>Total</i>                            |
| Less: 1 <sup>st</sup> Instalment of Govt. Grant (80% of Total Sanctioned Amount)      |   |        |   |
| Balance ( <i>Total Payments - 1<sup>st</sup> Instalment of Govt. Grant released</i> ) |   |        |   |
| 2 <sup>nd</sup> instalment to be released (Maximum of 20% of Total Sanctioned Amount) |   |        |   |

It is certified that the amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) out of the total grant of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) sanctioned to \_\_\_\_\_ by the Directorate of Higher and Technical Education vide sanction order No. \_\_\_\_\_ dated \_\_\_\_\_ under the Seminar Funding Scheme of the Government of Arunachal Pradesh, has been utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions as laid down by the Government of Arunachal Pradesh under the Scheme.

If as a result of check or audit some objections/irregularities are noticed at a later stage, action will be taken for refund, adjustment or regularization.

( \_\_\_\_\_ )  
Name & Signature of Convener/Co-ordinator /Organization Secretary

( \_\_\_\_\_ )  
Name & Signature of the Principal (with Seal)

( \_\_\_\_\_ )  
Name & Signature of the Govt. Auditor/Chartered Accountant (with Seal)

## Statement of Expenditure in respect of Research Funding

|   |  |   |        |                       |   |  |
|---|--|---|--------|-----------------------|---|--|
| 1 | Name & Address of the Principal Investigator |   |        |                       |   |  |
| 2 | Name and Address of the College              |   |        |                       |   |  |
| 3 | Govt. Sanction Letter No. & Date             |   |        |                       |   |  |
| 4 | Title/ Theme of the Research Project         |   |        |                       |   |  |
| 5 | Date of Commencement of the Research Project |   |        |                       |   |  |
| 6 | Tenure of the Research Project               |   | From   | To                    |   |  |
|   |  |   |        |                       |   |  |
| 7 | Details of Receipt & Payment                 |   |        |                       |   |  |
|   | Receipts                                     |   | Amount | Payments              | Amount                                      |  |
|   | i  | Book & Journal                              |        | i                     | Book & Journal                              |  |
|   | ii   | Hiring of Services                          |        | ii                    | Hiring of Services                          |  |
|   | iii  | Chemical (Science only)                     |        | iii                   | Chemical (Science only)                     |  |
|   | iv   | Consumables & Reprography                   |        | iv                    | Consumables & Reprography                   |  |
|   | v  | TA on Field Work                            |        | v                     | TA on Field Work                            |  |
|   | vi   | Contingency including Final Report Printing |        | vi                    | Contingency including Final Report Printing |  |
|   | <b>Total Receipts</b>                        |   |        | <b>Total Payments</b> |   |  |

It is certified that the amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) out of the total grant of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) sanctioned to \_\_\_\_\_ by the Directorate of Higher and Technical Education vide sanction order No. \_\_\_\_\_ dated \_\_\_\_\_ under the Research Funding Scheme of the Government of Arunachal Pradesh, has been utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions as laid down by the Government of Arunachal Pradesh under the Scheme.

If as a result of check or audit some objections/irregularities are noticed at a later stage, action will be taken for refund, adjustment or regularization.

( )  
Name & Signature of Principal Investigator

( )  
Name & Signature of the Principal (with Seal)

( )  
Name & Signature of the Govt. Auditor/Chartered Accountant (with Seal)

*[Handwritten Signature]*



