



**Indian Council of Social Science Research  
Southern Regional Centre**  
(Ministry of Education, Govt. of India)  
Osmania University, Hyderabad-500 007

**APPLICATION FORM**  
**Partial Financial Assistance to Organise**  
**Seminars/Conferences/Workshops in Southern Region**

**Applicants should read the Aforementioned Guidelines  
before completing the Application Form**

<b>Name of the Convener/Director</b>	
Present position and Institutional Address	<p>Convener's/Director Mobile :</p> <p>Convener's/Director Telephone:</p> <p>E-mail:</p>
Whether Permanent Faculty or not (Please tick any one)	Permanent / Contract /Adhoc
Type of University/Institute/College (Strike off which ever is not applicable)	<p>1. a government/public funded university/Institution/college recognized by the UGC</p> <p>2.a government/ public funded research institution recognized by ICSSR</p> <p>3.a government / government aided college</p> <p>4. private university / college</p> <p>5. If others, please provide the details</p>
Mailing Address of the Convener	

Gender ( Tick)	Male / Female/ Transgender	
Indicate whether convener belongs to ( Tick one or more boxes, as applicable . Enclose relevant certificates)	SC / ST / Person with Disability	
<b>Theme of the Conference/Seminar/Workshop/symposium</b>		
Sub-Themes: 1. 2. 3. 4. 5.	Proposed Dates:	
	Venue:	
<b>Number of Participants</b>		
	<b>(in number)</b>	<b>(in words)</b>
<b>Local</b>		
<b>Outstation</b>		
<b>Foreign</b>		
<b>Total</b>		

**Funding Details( Grant Required from ICSSR-SRC) under the admissible expenditure heads**

Detailed Budget Indicating Amount to be incurred on TA/DA, Hospitality, Transport, Stationery, Secretarial Assistance, Typing and xeroxing work and other contingent expenditure etc.

<b>Amount expected from the ICSSR-SRC</b>		
<b>Institutional Funding</b>		
<b>Own Contribution</b>	<b>Amount sought</b>	<b>Amount sanctioned by the institution</b>

<b>Funding from other sources:</b>		
<b>Name of organization</b>	<b>Amount sought</b>	<b>Amount sanctioned</b>

I hereby certify that the above information is correct to the best of my knowledge and any of the information supplied by me is proved to be incorrect the seminar grant may be cancelled and I shall abide by the Terms & Conditions as laid down in the guidelines of the Scheme.

**Signature of the Applicant**

**Date**

**Name (block letters)**

**Designation:**

**Address:**

**Signature of the Head of the Institution/Organisation**

**Date**

**Name (block letters)** **(Seal)**

**Designation:**

**Address:**

Applications, complete in all respects, should be addressed to:

**The Honorary Director  
 Indian Council of Social Science Research  
 Southern Regional Centre  
 Osmania University, Hyderabad – 500 007  
 Email: srcicssrprograms@gmail.com**

**Note:- Download Budget Estimation Form and Forwardng Letter from the Guidelines and enclose with the Application Form**