



**D. Y. PATIL EDUCATION SOCIETY, KOLHAPUR**  
**(Deemed to be University)**

(Declared u/s 3 of the UGC Act 1956 vide Notification No. F.9-26/2004-U.3 dt. 01-09-2005 of the GOI)

*Reaccredited by NAAC with 'A+' Grade*

869, 'E', D. Y. Patil Vidyanagar, Kolhapur-416 006

Phone No.: (0231) 2601235-36, Fax: (0231) 2601595

**APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR CONFERENCE/WORKSHOP/  
SEMINAR DURING 20 - 20**

01. Name of Department: .....

02. Details of Programme

(a) Title of Conference/Workshop/Seminar : .....

(b) Probable dates: .....

(c) Proposed Activities (please tick appropriate Box)

Conference  Workshop  Seminar

Symposium  Hands -on  
Demonstration  Panel  
Discussion

(d) Duration: .....

(e) Any other .....

(f) Name and details of Organizing Secretary/Co-ordinator: .....

**03. INVITED SPEAKERS**

S.No.	Name	Designation	Address

*(Please attach separate sheet , if space is insufficient)*

4. Expected number of participants : .....

**5. LIKELY BENEFICIARIES OF THE PROGRAMME:**

(please tick appropriate Box)

(a) Consultants  (b) Post Graduates  (C) Specialists

(d) Private Practitioners  (e) Academicians  (f) Primary Care Doctors

**6. INFRASTRUCTURE FOR HOLDING THE PROGRAMME**

(Please give details separately)

(a) Venue :

(b) Audio-video facilities :

(c) Facilities for accommodation for Invited Speakers

(d) Accommodation for other delegates:

7.

(a) Whether any programme have been conducted in your Department during last three years, Please give details:

Sr. No.	Date	Title	No. of Participants

(b) Estimated Expenditure For The Programme

<b>Expenditure</b>	<b>Amount in Rs.</b>
a) Working Lunch & Tea Local Hospitality	
b)TA /DA	
C)Printing of proceedings	
d)Printing of Circular, Books Abstracts, Souvenirs	
e) Contingency ( Local travel, postage secretarial assistance & any other	
F)Other expenses ( Please specify ) ( Hiring if Venue, Hall &Audio Visual Equipments )	
Total	

(c)Financial Assistance requested from other Funding Agencies/Sponsor: Rs.....

(d) Financial Assistance requested from University: Rs.....

Date: / /20

(Name & Signature)  
Head of Department