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| 2019 new logo.jpg | **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  Web: [www.dypatilunikop.org](http://www.dypatilunikop.org), E-mail: [info@dypatilkolhapur.org](mailto:info@dypatilkolhapur.org) |

# **APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR**

# **CONFERENCE/WORKSHOP/ SEMINAR DURING ------**

01. Name of Department: ………………………………………………………………………………………………

##### 02. Details of Programme

* + - * 1. Title of Conference/Workshop/Seminar :……………………………………………………………..
        2. Probable dates: …………………………………………..
        3. Proposed Activities (please tick appropriate Box)

Conference Workshop Seminar

Symposium Hands –on Panel

Demonstration Discussion

* + - * 1. Duration: ………………………………..
        2. Any other……………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

* + - * 1. 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)

* + 1. Venue :
    2. Audio-video facilities :
    3. Facilities for accommodation for Invited Speakers
    4. Accommodation for other delegates:

###### **7.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Date | Title | No. of Participants |
|  |  |  |  |
|  |  |  |  |

1. Expected Income for the Programme:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No | Source | Rupees | Delegates numbers | Total |
| 1 | Delegates Fees |  |  |  |
| 2 | Sponsorship |  |  |  |
| 3 | Other Govt. bodies |  |  |  |
| 4 | Other non-Govt. / Professional Bodies. |  |  |  |
|  | | | Grand Total |  |

##### (c) Estimated Expenditure for the Programme

|  |  |
| --- | --- |
| **Expenditure** | **Amount in Rs.** |
| 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 |  |

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

Date: (Name & Signature)

Head of Department