

**COUNCIL FOR CLINICAL RESEARCH & EDUCATION
NIZAM'S INSTITUTE OF MEDICAL SCIENCES
PANJAGUTTA :: HYDERABAD.**

***Application for Conduct of Educational Programme organizing Seminars/
Symposia /Conferences/ Workshops/ Oration /Camp /training /Lectures/
Other (specify _____)***

To be filled by the Organising Secretary and Counter signed by the Head of Department. All applications should be furnished, completed in all respect with all details in the prescribed proforma at least one month before the date of commencement of the Seminar/Symposia /Conferences/ Workshops/Oration/ Camp/training/Lectures/ Other (specify _____)

1. Title of Seminar/Symposia /Conferences/ Workshops/oration/ Camp/training/ lectures
Other (specify _____)

2. Name of Department/Scientific Association/Body/Society/Institution seeking for approval

3. a) Name, Designation and Address of Organising Secretary and Convener with Pin code
including Telephone/Mobile/Fax/e-mail address.

b) List of all faculty/staff (names) /Department* likely to participate in the program.

Name	Department
1.	
2.	
3.	
4.	
5.	

* **All faculty and staff must inform their respective Head of the Department about their participation in the above program.**

c) List of facility/Labs/Operation Theatre/Learning Center etc., ** needed for the conduct of program.

* * **Organizing Secretary must take written permission from Incharge to use these facilities.**

4. Date (s) and place of organizing Seminar Symposia /Conferences/ Workshops/ Camp/training/ Other (specify _____)

5. A) Proposed grant requested for conduct of programme (if any)
Approximately in Rs.

B) Sources of grant, name of Sponsor

1. _____

2. _____

3. _____

6. A) Detailed Programme i.e, Name of Speakers and their topics/titles of papers/Lectures etc. (date & time wise) alongwith list of participants (if available) may be submitted
Attached the programme sheet

B) What is the total expenditure anticipated? Please give details under various heads.

1.

2.

3.

4.

5.

6.

7. Details of grant requested/received from agencies for the proposed Seminar Symposia /Conferences/ Workshops/Oration/ Camp/training/ Other (specify_____)

Name of Agency	Grant requested	Grant received or expected	Items for which grant has been asked for

8. A) Name of the authority who will be responsible for submitting the audited statement of accounts/Utilization Certificate

B) The Organising Secretary would have to submit a brief summary of Scientific Activity & copy of proceedings report within a period of six months

c) Name in whose favour payment of grant will be received

9. Any other information relevant to the context

Signature of the
Organising Secretary

Signature of the
Head of the Department

Date:

Place: