

**Department of Biotechnology
Government of West Bengal
EN-24 (3rd. Floor), Salt Lake, Kolkata – 700 091**

Format for submission of proposals for Financial assistance to host a Seminar/Workshop/Conference

- 1. Title of the proposed programme:**
- a. Subject:.....**
- b. Probable dates on which the proposed program can be held:**
- c. Venue of the programme:.....**
- d. Target group aimed to be benefitted and number of beneficiaries.....**
- e. Additional information, if any (may include in an additional sheet).....**

2. a) Name and address with pin code of the Institute/Organisation

b) Phone:..... Mobile No.:.....

Fax No.,:..... e-mail id

3. Name and Designation of the Programme Co-ordinator (PC) including mobile no. and e-mail id

4. Whether any such program was organized during the last five years and if so, the details thereof:

No:	Dates of program	Workshop/Seminar/Conference and its aims & objectives	Funding source	Number of participants	Remarks

5. Objectives and details of the programme with expected outcomes:

6. Collaborating institutions/organizations, if any, with their specific contribution:

7. Names of other organizations, if any, who have been approached for sponsoring and/or funding and/or technical support:.....

8. Details of resource persons and invited speakers with their addresses, and proposed contribution:

Sl No	Name, designation & educational qualification	Address	Role in the programme	Proposed title of presentation

9. Number of delegates/invited speakers who will be offered TA/DA:.....

10. Proposed budget showing a detailed break-up of anticipated expenses:

Sl. No.	Budget Head	Grant from DBT (in Rs.)	Grants expected from other sources (in Rs.)
1	Training material, Consumables if any		
2	Honorarium/TA/DA to Resource Persons / Experts		
3	Rental venue		
4	Food		
5	Travel expenses		
6	Audio-visual aids		
	Total Expenditure		

11. If any grant was received earlier from DBT-WB during last five years, give details (if Yes, kindly attach a copy of the submitted UC & SOE):

12. Name and address of the authority responsible for submitting the UC, audited SOE, photographs, final report relating to the grant:

13. Name, designation and address of the authority in whose favour the cheque will be drawn, if any grant is sanctioned:

14. Check List of attachments to be submitted with the application:

- Filled in full proposal in the prescribed format duly recommended by Head of Institution: YES/NO
- A covering letter in Organization's letter head from the Program Co-ordinator and Head of the Institute/Organization: YES/NO
- A self-attested copy of the registration certificate of the registered society/NGO) if applicable: YES/NO
- Last three years audited statement, memorandum and Rules & Regulations of the Organization (for registered society/NGO) : YES/NO

DECLARATION

Certified that the details furnished above are correct to the best of our knowledge and belief and that the amount of financial assistance, if granted, will be utilized for the purpose for which it is granted within the time prescribed by DBT, West Bengal. We also agree to abide by the guidelines, terms and conditions prescribed by DBT, West Bengal for organising Seminars/Symposia/Workshops.

Signature:

Date:

Signature:

Date:

Name of Program Coordinator:

Name of Head of the Institution:

Designation:

Address:

Designation:

Address:

(Office Seal)

(Office Seal)

Format for Project Completion Report (PCR)

1. Title of the program:
2. Name, address and contact numbers, e-mail ID of the Co-ordinator:
3. Name, Address and Contact Numbers of Head of the Organisation:
4. DBT Sanction Order No. & Date:
5. Total amount sanctioned:
6. Funds received:
7. Duration of the program:
8. Date of completion
9. Deviation made from original objectives if any, and reasons thereof
10. Objectives of the program (may be attached in a separate sheet)
11. Major achievements: (may be attached in a separate sheet)
12. Total Funds utilised
13. Summary of the work done highlighting the outcome including photographs and feedbacks from the participants, resource persons, visitors etc. (may be attached in a separate sheet)

.....
**Name & Signature of
Programme Co-ordinator
Office seal with date**

.....
**Name & Signature of
Head of the Institution
Office seal with date**

ANNEXURE-1

Format for Statement of Expenditure (SOE)

Title of Program:

Duration:

Venue:

Organized by:

Source of Funding	Amount (Rs.)	Payments	Amount (Rs.)
Amount received from DBT-WB		1.	
		2.	
Amounts received from other Institutions/ Organisations/ other sources etc.		3.	
		4.	
Amount contributed from own Institution/ Organisation		5.	
		6.	
Total		Total	

Certified that we have exercised all kinds of checks to ensure that the grant has been utilized for the purpose for which it was sanctioned by DBT-WB vide Order No..... dated..... of Rs.....

.....
Name & Signature
Program Coordinator
Office Seal with date

.....
Name & Signature of
of Head of the Institution
Office Seal with date

.....
Name & Signature
of Chartered Accountant
Office Seal with date