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| cid:image001.jpg@01CD118B.A255F100 | **HIGHER EDUCATION COMMISSION****H-9, ISLAMABAD (PAKISTAN)** |

**APPLICATION FORM**

**GRANT FOR ORGANIZING WORKSHOP**

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| **1** | **DETAILS OF EVENT** |
| Major Discipline*(Please tick the appropriate option)* | Agriculture | Biological Sciences | Chemical Sciences |
| Engineering  | Medical Sciences | Physical Sciences |
| Social Sciences | Any other *(Please specify)* |
| Title of the Workshop  |  |
| Venue of the Workshop |  |
| Date(s) of the Workshop |  |
| Scope of the Workshop*(Please also indicate the target audience/participants)* |  |
| Relevance and Scientific Significance of the Workshop with Reference to Existing National Needs  *(If necessary please attached additional sheet)* |  |

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|  | Collaborating Institutions*(HEC encourages collaboration among institutions working in similar disciplines)*  |  |
| Previous Conference/ Seminar/Symposium/Workshop organized by the Department during last 2 years - If any |
| Title | Date | Sponsor | Cost (Rs.) |
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|  |  |  |  |
| **2** | **Details of the Organizer(s)** |
| Organizing University/DAI |  |
| Name of Focal Person |  |
| Designation |  |
| Department/Institute |  |
| Correspondence Address |  |
| Contact Details | Phone: Fax: |
| Cell: Email: |
| *(Please attach a 2-page CV of the focal person mentioning the major scientific contributions relevant to the topic of the event)* |
| **3** | **DETAILS OF THE RESOURCE PERSONS** |
| Number of Foreign Resource Persons |  |
| Number of National Resource Persons |  |
| Expected Number of Participants from Host University/Institution |  |
| Expected Number of Participants from Other University/Institution |  |
| *Please attach a list of Foreign and National Resource Persons with their designation, Area of Specialization and Institution.*  |
| **4** | **TOTAL ESTIMATED COST OF WORKSHOP** |
| **Item** | **Amount (Rs.)** |  |
| Remuneration for Resources Person |  |  |
| Accommodation for Resources Person |  |  |
| Air Travel for Resources Person |  |  |
| Entertainment  |  |  |
| Publication/ Stationery |  |  |
| Any Other |  |  |
| Total |  |  |
| **5** | **FINANCIAL ASSISTANCE PROVIDED BY OTHER SPONSORS** |
| **Item** | **Amount (Rs.)** | **Sponsor** |
| Remuneration for Resources Person |  |  |
| Accommodation for Resources Person |  |  |
| Air Travel for Resources Person |  |  |
| Entertainment  |  |  |
| Publication/ Stationery |  |  |
| Any Other |  |  |
| Total |  |  |
| **6** | **FINANCIAL ASSISTANCE REQUESTED FROM HEC** |
| **Item** | **Rate (Rs.)** | **Quantity** | **Total Amount (Rs.)** |
| Remuneration for Foreign Resource Persons*(@ of Rs. 10,000 per person – maximum persons)* |  |  |  |
| Remuneration for National Resource Persons*(@ of Rs.5,000 per person – maximum 10 Persons)* |  |  |  |
| Accommodation for Foreign Resource Persons*(@ of Rs. 15,000 per night per person – maximum 5 Persons)* |  |  |  |
| Accommodation for National Resource Persons*(@ of Rs.6,000 per night per person – maximum 10 Persons)* |  |  |  |
| Travel for Foreign Resource Persons *(maximum 5 Persons)* |  |  |  |
| Travel for National Resource Persons *(maximum 10 Persons)* |  |  |  |
| Entertainment *(Lunch @ Rs. 350 and Tea @ Rs. 70 per person – maximum Rs. 200,000)* |  |  |  |
| Publication*(Including cost of publishing the manual, banners, brochures etc.)* | Please attach the detailed break up |  |
| Stationery *(Only consumable items)* | Please attach the detailed break up |  |
| Chemical/Consumables for Workshop | Please attach the detailed break up |  |
| Remuneration for Focal Person and Support Staff*(@ 10% of HEC approved grant – min. Rs. 30,000 and max. Rs. 100,000)* | Please attach the detailed break up |  |
| Contingencies*(unforeseen expenses – maximum Rs. 10,000)* |  |  |  |
| Total |  |  |  |
| **7** | **Registration Fee** |
| Number of participants | Registration Fee/ Participant (Rs.) | Total Expected Income from Registration (Rs.) |
|  |  |  |
| *A reasonable Registration fee needs to be charged from participants.* |
| **8** | **UNDERTAKING BY THE APPLICANT** |
|  | I hereby undertake and affirm that:* All the information provided above is true to the best of my knowledge and belief.
* If the grant is provided, I shall solely be responsible for its proper utilization, adjustment with used air ticket and other receipts of expenditure.
* All the supporting documents submitted are authenticated.

SIGNATURES OF THE FOCAL PERSONOFFICE STAMP WITH DATE SIGNATURE OF RECTOR/VICE CHNACELLOR/DIRECTOR |

**CHECK LIST OF ATTACHMENTS**

**Please ensure that relevant documents are attached with the Application Form.**

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| 1. | Have you attached the list of Foreign Resource Persons? | Yes | No |
| 2. | Have you attached CV of Foreign Resource Persons? | Yes | No |
| 3. | Have you attached abstracts of presentation of Foreign Resource Persons? | Yes | No |
| 4. | Have you attached the list of National Resource Persons? | Yes | No |
| 5. | Have you attached CV of National Resource Persons? | Yes | No |
| 6. | Have you attached abstracts of presentation of National Resource Persons? | Yes | No |
| 7. | Have you attached your brief CV (2-3 pages)? | Yes | No |
| 8. | Have you attached the brochure of the event along with the program of the event? | Yes | No |
| 9. | Have you attached the list of Organizing Committee? | Yes | No |
| 10. | Have you attached the item wise details of the publication and stationery items along with quantity and rate? | Yes | No |

Signature of the Focal Person