**cg';"rL – !)**

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| --- | --- | --- |
| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
| **Application form for Seminar/Conference/Symposium/Workshop/Dialogue** | | |

|  |  |  |
| --- | --- | --- |
| Check with \* | Type of the Program | Duration (days) |
|  | Seminar |  |
|  | Workshop |  |
|  | Conference/symposium |  |
|  | Academic-Industry Dialogue |  |

|  |  |  |
| --- | --- | --- |
| Check with \* | Level of the Program | Duration (days) |
|  | Local/regional |  |
|  | National |  |
|  | International |  |

**1. General Information of Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University/University affiliated to | |  | | | |
| Name of the institution (Campus/Department/School/Faculty)  , Adress | |  | | | |
| Contact no | |  | | | |
| Email | |  | | | |
| Name of the institution head | |  | | | |
| Designation | |  | | | |
| Contact no (Telephone/Mobile) | |  | | | |
| Email | |  | | | |
| Program Coordinator | |  | | | |
| Designation | |  | | | |
| Contact no (Telephone/Mobile) | |  | | | |
| Email | |  | | | |
| Academic programs currently  being offered | Programs | | | Total number of students | |
| 1. | | |  | |
| 2. | | |  | |
| 3. | | |  | |
| 4. | | |  | |
| 5. | | |  | |
| Total number of faculty involved in teaching | | | Full Time | | Part Time |
|  | |  |
| Total number of faculty with Post Doctorate | | |  | |  |
| Total number of faculty with PhD | | |  | |  |
| Total number of faculty with MPhil | | |  | |  |
| Total number of Non-Teaching staffs | | |  | |  |

**2. Program Detail**

|  |  |
| --- | --- |
| Area of program | Science/Engineering/Agriculture/Medicine/Nursing/ Humanities/Law/Management/Education/………………. |
| Proposed Date |  |
| Title of program |  |
| Venue of program |  |
| Total expected no. of participants (Host and others) |  |
| Type of the participants |  |
| Collaboration with other institutions |  |
| No. of invitees (National & International) (Please attached a list of all possible invitees) |  |
| Registration Fee, If applicable  (National/International/Students/Disabled) |  |
| Name of the proposed experts, presenters (oral and poster) and title of papers | Please mention name |

**3. Information about the Program**

|  |  |  |
| --- | --- | --- |
| Title of the Session | Duration  (hour) | Proposed Resource Person  (attach brief CV separately) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| (add rows to add more sessions) |  |  |

**Program conducted with UGC support in last fiscal year if any:**

**Title: Duration: …… days Date:**

**4. Outline of the proposal**

* Introduction of the program
* Justification/relevancy of the program
* Methodology used for conducting the program
* Details of the potential participants
* Details of the program syllabus/agenda
* Expected outcomes of the program
* Program budgeting
* Program-wise proposed time and venue
* Brief CV of the proposed experts
* Brochure containing aims, objectives and themes if applicable

**5. Funding sources**

|  |  |  |
| --- | --- | --- |
| Any other institution supporting for this program |  |  |
| Amount |  |  |
| Purpose |  |  |
| Amount of support requested to UGC |  |  |

**6. Confirmation by the Program Coordinator**

I certify that the statements made above have been verified and found true. If the grant is provided, I shall solely be responsible for its proper utilization of the fund.

Name of the Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Mark with \* | Document Checklist Before Program | Mark with \* | Document Checklist after Program |
|  | A cover letter signed by the head of the institution |  | A cover letter |
|  | Application form with complete information |  | Narrative Report (Background information, objectives/outcomes, detail schedule, training methodology/delivery, outputs, conclusion and recommendations) |
|  | Proposal |  | Paper presented by experts, Photograph, Attendance sheet, Template Certificate if applicable |
|  | Other evidences mentioned in the application form |  | Approved statement of expenditure details,  Name of Bank, Account Number and Branch |
|  |  |  | For national and international conferences:   * list of paper presented * details of panel discussion if any * Procedings/abstracts/article/papers etc |

**8. Undertaking by the Institution Head**

I hereby undertake and affirm that:

* All the information provided above is true to the best of my knowledge.
* If the grant is provided, I shall solely be responsible for its proper utilization and provide the receipts of expenditure to UGC.
* All the supporting should be verified and attested at the Institute.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution head's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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