

CHHATTISGARH COUNCIL OF SCIENCE & TECHNOLOGY

Vigyan Bhawan, Vidhan Sabha Road, Daldal Seoni, Raipur (CG) 492 014

Application Form for Financial Assistance for Publication / Printing of Proceedings of Conference / Seminar / Symposium / Workshop

THE PROPOSALS OF PUBLICATION / PRINTING OF PROCEEDINGS OF CONFERENCE/SEMINAR/SYMPOSIUM/WORKSHOP MUST BE PERTAINING TO SOCIO-ECONOMIC DEVELOPMENT OF THE STATE

(To be submitted in four copies) Maximum amount: Rs. 10,000/-

- 1. Title of Conference/Seminar/Symposium/workshop:
- 2. Broad subject / Area Covered:
- 3. Coverage (Regional / National / International):
- 4. Type (Technical / Semi-Technical)
- 5. Publication(s) (if any)
- 6. No. of copies to be printed (with no. of pages):
- 7. No. of copies to be given as complimentary copies:
- 8. Connectional price to Students/Teachers/College/Universities:
- 9. Total estimate of the cost of printing (in Rs.):
 - a. Anticipated income from sale of Publication
 - i. Inland
 - ii. Foreign:
 - iii. Other sources for Grant-in-Aid:

Name of the Organisation

Amount Applied / Received

- 10. financial assistance required from CCOST:
- 11. Details of previous grants received from CCOST:

CCOST Sanction Order No. with Date

Type of Activity (MRP / Seminar / Travel Grant / Printing of Proceeding / Other):

12. Royalty to Authors (if any):
13. Time requited for printing & publishing:
14. List of Editorial Board:
15. Name & Designation
16. Institution / Organisation
(In case of S&T Professional Body, please furnish memorandum of association, bye- laws, audited statement for previous three years, annual reports etc.)
17. Name & Designation of the person empowered / Authorised to receive financial grants form CCOST:
I/We
of (Institution / Organisation) do solemnly affirm that: The CCOST grant will be used to
meet the deficit between the estimated cost of printing and the estimated sale from the
proposed publication. At least two copies of publication will be submitted to CCOST along with utilization certificate.
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Name/Signature of
Head of the Institution /
President of Professional Body with seal
Signature of Proposer
Name: Place: Date:

Have you attached copies of utilization certificate furnished to CCOST: Yes/No