



# IPGA WELFARE TRUST

F-2, Shopping Complex, A-Block, Meera Bagh, New Delhi-110087

## APPLICATION FORM

### IPGA WELFARE TRUST SPONSORED GRANT FOR SEMINAR

1. a) Title of the Seminar/Symposiums/Conference indicating theme

b) Date & Venue

c) Nature of Seminar/Symposium/Conference/Workshop

Nature (Put a tick mark under relevant to column)	Number of Participants expected to attend		
	Local	Out-station	Total
Regional			
National			
International			

d) Name and address of Collaborating Registered/Professional bodies/National Agencies/Registered Societies.

2. a) Objectives & Importance of the Seminar

b) Topics to be Discussed

c) outcome expected

### 3. Details of proposed Seminar

3a) Name & addresses of resource persons delivering Keynote/Plenary/Invited lecturers with topics

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



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3b). Name and address of the Convener (with pin code):-

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Convener Phone Nos. Fax No. If any: \_\_\_\_\_ Mobile:- \_\_\_\_\_

Off. / Resi.: \_\_\_\_\_ E.Mail:- \_\_\_\_\_

c) Institution: UG / PG/ Doct. / Any other: \_\_\_\_\_

4. Whether Univ./Institution/College is recognized by the AICTE / PCI: Yes / No

5. Whether any IPGA Welfare Trust sponsored symposium/Seminar/Conference was organized by the organization/institution earlier. Yes / No

a) If yes provide details

6. Technical programme of the Seminar (Please attach the conference announcement brochure)

7. Name of the authority responsible for submitting the audited statement of accounts for the present grant, if sanctioned.

8. Recommendation of the competent authority of the Institute/Head of the institution.



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## CERTIFICATE

We undertake that we will use the logo of IPGA Welfare Trust in all information material & backdrop etc. We undertake that we will make 10 Life Members of IPGA in the said conference/ seminar/symposium. We undertake to submit the details report of the seminar along with photographs for publication by the trust.

Signature  
(Head of the Institution)

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

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

\_\_\_\_\_

\_\_\_\_\_

E. Mail: \_\_\_\_\_

Mobile: \_\_\_\_\_

Office Seal

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

Note: In case the above noted conditions are not fulfilled by the organizing Institution/college the IPGA Welfare Trust will be at liberty to take appropriate decision.