



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

Regional
National
International

Local Out-station Total

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):-

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 minimum 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.