



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP
CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT
LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA

**Symposia Grant Scheme for Organising Scientific Events (Symposia/
Seminars / Conferences / workshops, etc. within India**

INFORMATION AND INSTRUCTIONS

1. ABOUT THE SCHEME

Under the Scheme, financial assistance is provided to Universities, Academic institutions, Colleges, Government Departments, registered societies to organise scientific events such as Symposia/ Seminars/ Conferences/ Workshops or any other similar scientific activity that provides platform/forum to professionals, scientists, research and educational institutions to share knowledge and experience in various fields of Science and Technology.

The Scheme provides partial support towards expenses related to organising Scientific events such as Travel support, Registration Fee Waiver, Promotion (web site, brochures, proceedings), Secretarial assistance, Local hospitality, Venue charges. **Capital expenses of any nature such as purchase of laptop, computer, printer, etc. and fees / honoraria to speakers are not covered under the scheme.**

2. ELIGIBILITY

- i. Faculty or scientists working in Government of India recognized institutions in the area of scientific education or research (recognition should be by statutory bodies for scientific or technical fields such as UGC, DSIR, MCI or AICTE, etc.).
- ii. Any Registered All India Society/Association/Voluntary/Professional organisation/Trust with proven credentials and experience and registered under Societies Registration/Other relevant Act having a minimum 3 years of audited accounts.
- iii. Government Department/Undertaking.
- iv. No application will be considered if there are reports or Utilization Certificates pending for prior grants given to the Grantee organization or if it is blacklisted by any Government agency.
- v. The organizers should have in house expertise in the subject field of the event proposed.

3. DOCUMENTS TO BE SUBMITTED (Pre-sanction stage)

Application form must reach TGSM Unit of CSIR-HRDG **at least 2 months in advance** but not more than 4 months in advance. **Late / Incomplete application form may not be considered.** The following documents will be required to be submitted:

- i. **Summary Sheet (Form-CSIR/SYM/19/SUM) and Main Application form (Form-CSIR/SYM/19/MAIN)**, placed at Annexure 1 and 2 respectively, complete in all respects to be signed and sealed by the duly authorised signatories and forwarded through proper channel.
- ii. In case of International Conference, copies of the approval from Administrative Ministry and statutory clearances applicable, if any.
- iii. Copy of Brochure/Announcement of the Scientific event,

- iv. A copy of letter regarding commitment from any other national or international agency, for any financial assistance, if any.
- v. Approval/ Forwarding letter from the Head of the Organisation/ Department for holding the Event. In case the event is jointly organised by 2 or more organisations, approvals/ consent from both entities would need to be submitted. In such case, both organisations will be responsible for furnishing UC/ Audited statement of Expenditure. Copy of the audited Utilisation Certificate of the last grant received from CSIR, if any, may be furnished. In case they fail to submit the required documents, they would forfeit the sanctioned amount and will be barred from applying for financial assistance in future.

4. DECLARATION OF RESULTS AND ISSUE OF SANCTION LETTER

CSIR-HRDG shall notify results on its website www.csirhrdg.res.in/results.htm and also send the sanction letter to selected candidates at the communication address specified by the candidate in the application form. CSIR HRDG shall not be responsible for delay / loss of the sanction letter. In the event, the candidate does not receive sanction letter within 10 days of declaration of results, s/he may write to [tgsm\[at\]csirhrdg\[dot\]res\[dot\]in](mailto:tgsm[at]csirhrdg[dot]res[dot]in) requesting for a copy of sanction letter. A copy of the sanction letter will be sent to the email ID specified by the candidate in his/her application form. No interim correspondence will be entertained and canvassing in any form would lead to disqualification of the applicant.

5. DOCUMENTS SUBMISSION- FOR REIMBURSEMENT (POST COMPLETION OF EVENT)

The amount sanctioned by CSIR, subject to actual, will be reimbursed to the institute's account, post submission of the following documents in **DUPLICATE (Original plus one photocopy)**

- i. Grant-in-Aid Bill (**Form-CSIR/SYM/19/GA**) placed at Annexure 3.
 - ii. Audited statement of Expenditure (Form **CSIR/SYM/19/SE**) placed at Annexure 4.
 - iii. Soft copy of the Proceedings.
 - iv. NEFT form (Duly verified Bank details of your organisation (Name as per bank records. bank name, branch name and address, account no, nature of account, IFSC code and MICR Code) may please be attached) (Form-**CSIR/SYM/19/NEFT**) placed at Annexure 5.
6. Claim Forms should be submitted with complete documents within 4 months (120 days) from the completion of the event. Any claim received beyond 4 months will be entertained only in exceptional cases subject to submission of reasons for delay, duly forwarded through Head of the Organisation. **In no case, the claim will be entertained after 6 months.**
7. **Grant will be for sanctioned and reimbursed on the basis of information given in Col 13 of the application form.** Reimbursement would be done at the earliest subject to availability of funds. Upon successful transfer of fund to institute's account, the organiser will be informed details of UTR / Transaction ID by email. No interim correspondence will be entertained.
8. All communication may be addressed to: ***In-charge, Symposia and Travel Grant Unit, CSIR Human Resource Development Group, Room 302, CSIR Complex, (Opposite Institute of Hotel Management), Library Avenue, Pusa, New Delhi - 110012, India Email: [tgsm\[at\]csirhrdg\[dot\]res\[dot\]in](mailto:tgsm[at]csirhrdg[dot]res[dot]in) Phone: 011-25841037.***



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**Symposia Grant Scheme for Organising Scientific Events (Symposia/
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SUMMARY SHEET (TO BE FILLED IN BY THE ORGANIZERS)

1. Name of the Society/Academic Institution/Research Organization under whose auspices the Scientific Event (Symposium/Seminar/Conference/Workshop/others) is proposed to be organized: _____
2. a) Full title of the Scientific Activity: _____
b) Nature of the Scientific Event: Regional National International
3. Venue _____ City _____
4. Dates (DD/MM/YY): From ___/___/20___ to ___/___/20___
5. Name and affiliation of the organizers
a) Chairperson: _____
b) Organizing Secretary: _____
6. No. of delegates expected: Nos. _____
7. Anticipated expenditure (Total) : Rs _____
8. Expected income from all sources : Rs. _____
9. Grant requested from CSIR: Rs. _____
10. **Attachments with the Application (Mandatory):**
 - a. Application proforma no CSIR/SYM/19/MAIN complete in all respects, duly signed by authorised signatory with the official seal
 - b. Authority letter from the Society/Academic Institution/Research Organization for organizing the scientific activity.
 - c. Copy of the Audited Statement of expenditure/Utilisation certificate of the last grant received from CSIR, if any:
 - d. Brochure of the proposed scientific activity

Signature of Organizing Secretary _____

TO BE FILLED BY CSIR COMMITTEE EXPERT

Observations: _____

Recommendation of Expert : Regret/Deferred/Approved Rs _____

Signature of Expert _____



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MAIN APPLICATION - (TO BE FILLED IN BY THE ORGANIZERS)

1. a) Name of the Organization under whose auspices, the Scientific Event is proposed to be organised: : _____

b) Nature of the organization (PI tick mark \checkmark):

S. No.	Institution/scientific organization	Mark \checkmark
i.	Govt. Organization	
ii.	Central University	
iii.	State University	
iv.	Deemed University	
v.	State Govt College	
vi.	Private College	
vii.	Autonomous Body	
viii.	Research Institute	
ix.	Professional Body	
x.	Registered Society	
xi.	Public Sector Undertaking	
xii.	Others (PI Specify) _____	

2. a) Full title of the Event: _____

b) Major discipline the Scientific Event Falls under (PI tick mark \checkmark as applicable):

- Chemical Sciences Life Sciences Engineering Mathematical Sciences
 Physical Sciences Earth Environment, Ocean and Atmospheric Sciences
 Medical Sciences Multi-disciplinary IT/ITES/Information Sciences

c) Venue of the Event: Address : _____
City _____ State _____ Pin _____

d) Date of the Event (DD/MM/YY): From ____/____/20____ to ____/____/20____

e) Organizers (Name and affiliation)

- Chairperson : _____
- Organizing Secretary: _____

f) Complete Address of the **contact person for all Communications:**

Name: Dr/Ms/Mr _____

Designation: _____

Department (if any): _____

Name of the Institute/Society: _____

Address _____

City _____ State _____ Pin _____

Contact no with STD code _____ Mobile _____ e-mail _____

3. When was an activity on the similar topic organized by you last: _____

4. a) Main theme of the Scientific Activity (Attach separate sheet, if required):

b) Details on the scientific program and technical sessions (Attach separate sheet, if required)

5. a) Relevance in the national context (Attach separate sheet, if required):

b) How will the activity help in the promotion of science (Attach separate sheet, if required)

6. a) Indicate which of the CSIR laboratories/institutions are engaged in the main theme of the scientific activity:

	Name of the CSIR Laboratory	Theme Area/Technical Session
i.		
:		

b) Indicate if any CSIR Scientists are expected to participate:

	Name of the scientist	Laboratory/Institution
i.		
:		

7. Authority letter from organization permitting Organizers to hold the Event enclosed? Yes/No.

8. a) Details of Participation:

Total delegates	
National	_____ Nos
International	_____ Nos

Young Scientists	
Ph.D.Students/ Res. fellows	_____ Nos
Post Docs	_____ Nos

b) Principal speakers (Keynote/Plenary and Invited)

S.No.	Name	Institution
i.		
ii.		
iii.		

9. Details of Young Scientist sessions, if any Oral Poster (Tick as applicable):

10. Indicate How many delegates will be offered support (Approx. Nos.):

Travel Registration Local Hospitality

11. **Anticipated expenditure under the following heads:**

S No		Amount (Rs)
i.	Travel support a. Senior scientists: b. Young Scientists :	
ii.	Registration Fee Waiver a. Senior scientists: b. Young Scientists :	
iii.	Promotion (<i>web site, brochures, stationary, proceedings</i>)	
iv.	Secretarial assistance	
v.	Local Hospitality	
vi.	Venue Charges	
	TOTAL	

12. **Anticipated income:**

S No	Details	Amount (Rs)
i.	Registration fee	
ii.	Scientific Exhibition	
iii.	Grant from the organizing society/Institution/ organisation	
iv.	Sponsorship	
v.	Any other Source	
	TOTAL	

13. **Estimated Head-wise Grant requested from CSIR:**

S. No.	Budget Head	Amount (Rs)
i	Travel expenses for a. Senior scientists: b. Young Scientists :	
Ii	Registration Fee Waiver a. Senior scientists: b. Young Scientists :	
Iii	Promotion (<i>web site, brochures, Stationery, proceedings</i>)	
Iv	Secretarial assistance	
v	Local Hospitality	
vi	Venue Charges	
	TOTAL	

14. Details of other R&D Organizations/agencies approached for sponsoring the proposed activity:

S. No.	Name of the agency/ R&D organization	Grant requested	Grant received	Grant expected
i.				
ii.				
iii.				

15. a) Have you received any grant from CSIR during the last 3 years. If yes, give details:

S. No.	Amount (Rs)	CSIR Grant No	Conference Title and period	Whether audited statement of expenditure/UC has been submitted?
i.				
ii.				

b) Copy of the audited statement of expenditure/utilization certificate of the **LAST GRANT RECEIVED FROM THE CSIR** must be enclosed. ***(Current application will be considered only if the above documents on all previous grants have been received by the CSIR HRDG)***

16. State the name of the Authority (Director, registrar, Dean or any other designated authority) of society/Institution/organization to whom the grant can be released. **(Please note that the grant cannot be released to an individual's account):** _____

17. Any other information, which you may like to add:

In not more than 200 words

We further declare that the information furnished above is correct and that we have submitted all UCs/Audited statement of expenditure for the support availed from CSIR under this Scheme in the past.

18. Signatures with Seal:

Organising Secretary:

Chairperson of Organising Committee

Head of the Institution / Organisation

Signature _____

Signature _____

Signature _____

Name : _____

Name : _____

Name _____

Mob No. _____

Mob _____

Mob No. _____

Email _____

Email ID _____

Email ID _____

Seal / Stamp

Seal / Stamp

Seal / Stamp



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GRANT-IN-AID BILL

(To be filled by the Applicant and submitted in duplicate)

Date: _____

To: Head, HRD Group, CSIR Complex, Pusa, New Delhi-110012
Reference CSIR Sanction No: SYM/_____/____--HRD

1. Name of the Organisation under whose auspices the Scientific Event was organized:

2. Title/Name of the Scientific Event : _____

3. Venue of the Event (Address) _____

4. Period:

From			To		
Date	Month	Year	Date	Month	Year
		20__			20__

5. Brief report (highlights) of the Scientific Event (Less than 1000 words- Attach separate sheet)

6. (a) Grant Sanctioned: Rs. _____ (Rupees _____)

(b) Total Actual Expenditure: Rs. _____ (Rupees _____)

(c) **Actual expenditure** as per Attached Audited Statement of Expenditure for claim from CSIR: Rs. _____ (Rupees _____)

7. Pl tick mark (✓) the name of the authority to whom the NEFT payment is to be made:

S.No.	Authority	Mark ✓
i.	Director	
ii.	Registrar	
iii.	Dean	
iv.	Finance Officer	
v.	Medical Superintendent	
vi.	Principal	
vii.	Any Other Authority designated by your Organization/Institute (Kindly specify _____)	

Note : Grant will be released in the account of Society/Institution/Organization etc only

Certified that the amount claimed in this bill was utilized for the purpose for which it has been sanctioned, and the Audited Statement of Expenditure is enclosed as per requirement.

Organizer:

Signature _____

Name : _____

Designation: _____

Address: _____

City _____ State _____ Pin _____

Mob No. _____

Email ID _____

Seal / Stamp

Head of the Organisation (Place of Event)

Signature _____

Name : _____

Designation: _____

Address: _____

City _____ State _____ Pin _____

Mob No. _____

Email ID _____

Seal / Stamp

TO BE FILLED BY CSIR-EMR

Budget Head- EMR (Misc.) P81-104

It is certified that no AC /UC is pending from the Organization/institute in connection with earlier such grants released to them.

Pay: Rs: _____ (Rupees _____)

Name of the authority to whom the NEFT payment is to be made: Director/Registrar/
Dean/Medical Superintendent/ Principal/Finance Officer / _____
as per NEFT format enclosed.

Deputy/Under Secretary /DDO

TO BE FILLED BY CSIR-Audit (EMR III)

MBR No. _____ Dated: _____ Pay Rs. _____ (Rupees: _____)

Dealing Assistant

SO (F&A)/F&AO/DyFA

Rs _____ paid vide Cheque No _____ Dated _____ through NEFT/RTGS



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AUDITED STATEMENT OF EXPENDITURE To be filled by the applicant in duplicate

Date: _____

Reference: CSIR Sanction No: SYM/_____/____-HRD

1. Name of the Society / Organisation under whose auspices the Event was organized:

2 Title/Name of the Event:

3. Period:

From			To		
Date	Month	Year	Date	Month	Year
		20__			20__

4. Grant Sanctioned: Rs. _____ (Rupees _____)

5. Certified that out of Total Expenditure of Rs. _____ (Rupees _____)

CSIR Grant of Rs. _____ (Rupees _____)

has been utilized as per the details given below:

S. No.	Budget Head	Amount (Rs)
i	Travel expenses for c. Senior scientists: d. Young Scientists :	
ii	Registration Fee Waiver c. Senior scientists: d. Young Scientists :	
iii	Promotion (web site, brochures, others)	
iv	Secretarial assistance	
v	Local Hospitality	
vi	Venue Charges	
	TOTAL	

Certified by: (PL ENSURE ALL SIGNATURES ARE ON THIS PAGE ONLY)

Organizer:

**Finance Officer/
Chartered Accountant**

Head of Organisation

Signature _____

Name : _____

Designation: _____

Mob No. _____

Email ID _____

Seal / Stamp

Signature _____

Name : _____

Mob. No _____

Email ID _____

Seal / Stamp

Signature _____

Name _____

Designation _____

Mob No. _____

Email ID _____

Seal / Stamp

NATIONAL ELECTRONIC FUND TRANSFER (NEFT) FORMAT

1	Account Holders Name/Name of the Beneficiary			
2	Bank Account Number			
3	Name of the Bank			
4	Branch Address			
5	Branch Code			
6	Account type/Nature of Account (Pl tick \checkmark mark)	Saving	Current	Overdraft
7	IFSC Code of the Bank			
8	MICR Number			
9	Mobile No. of the Candidate			
10	Email id of the Candidate			

<p>_____</p> <p>Signature of the Head of the Institute/Director/Registrar/Dean/principal /Administrative Officer/Finance Officer</p> <p>Name: _____</p> <p>Date: _____</p> <p>Seal</p>	<p style="text-align: center;">Certified by (Bank)</p> <p>_____</p> <p>Signature of the Bank Official</p> <p>Name: _____</p> <p>Date: _____</p> <p>Seal</p>
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TO BE FILLED BY CSIR

Narration: CSIR SYM
(To be used by Bank while transferring the Payment/Grant)

Deputy/Under Secretary/DDO