

**INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES), DHANBAD**

Proposal for holding National and International Conferences/ Symposium/ Workshop/ Seminar and similar events.

| | | | | | | |
|----|-----------------------|-------------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|
| 1. | TYPE OF EVENT: | Conference <input type="checkbox"/> | Symposium <input type="checkbox"/> | Workshop <input type="checkbox"/> | Seminar <input type="checkbox"/> | Other (Please mention): |
|----|-----------------------|-------------------------------------|------------------------------------|-----------------------------------|----------------------------------|-------------------------|

2. **GEOGRAPHICAL COVERAGE:** Regional National International

3. **BROAD SUBJECT AREA(s):** _____

4. **TITLE OF EVENT:** _____

5. **DATE:** From _____ to _____

6. **VENUE / CITY** (mention separately if the inaugural and session are at different locations):

7. **NAME AND ADDRESS OF ORGANISING DEPARTMENT(s):**

Department/Centre: _____

HoD Name: _____

HoD Mobile No.: _____

8. **IS IT ORGANIZED BY ANY EXTERNAL AGENCY?** Yes No

Organization Name: _____

Department: _____

Address: _____

Pin Code: _____

Legal Status: _____

9. **NAME & ADDRESS OF CONTACT PERSON** (Applicant/ Convenor/ Co-Convenor/ Organizing Secretary, both internal and/ or external): _____

10. **PROPOSED REGISTRATION FEE** : Rs.(₹)/USD(\$) per participant

Student participant : _____

Faculty : _____

Industry Personnel : _____

International Participants : _____

11. **EXPECTED NUMBER OF PARTICIPANTS**

National : _____

International : _____

Also, indicate whether clearance for international delegates participation has been obtained from MoE/ MEA/ other Ministry.

12. **BROAD DETAILS OF ESTIMATED EXPENDITURE:** (In Rupees)

[Submit detail justification on each item on a separate sheet as **Annexure-I**]

| Sl. No. | Item | Estimated Expenditure (₹) |
|---------|---|---------------------------|
| (a) | Publication and Documentation (Proceeding, brochure, banner etc.) | |
| (b) | Publicity, Audio-video etc. | |
| (c) | Delegate kit | |
| (d) | Resource Person Expenditure (Honorarium/Travel/Stay) | |
| (e) | Venue Charges | |
| (f) | Hospitality | |
| (g) | Secretarial Assistance | |
| (h) | Contingency | |
| (i) | Prizes & Awards | |
| (j) | Miscellaneous | |
| (k) | Total Budget | |
| (l) | Overhead Charges {Minimum @10% of (k)} | |
| | Grand Total (Including GST, wherever applicable) | |

13. **DETAILS OF EXPECTED INCOME/SPONSORSHIP:**

| Source | Amount Requested (Including GST) | Receipts Amount estimated | Remarks |
|-------------------------------------|---|----------------------------------|----------------|
| From Student Participant | | | |
| From Faculty/Delegates Registration | | | |
| Government Funding Agencies | | | |
| External Sponsoring Agencies | | | |
| Total Amount | | | |

14. **BRIEF STATEMENT OF THE OBJECTIVE OF THE EVENT, INCLUDING ITS KIND & LEVEL OF PARTICIPATION, NUMBER OF PARTICIPANTS** (Separate Sheet to be attached as **Annexure- II**)

15. **DETAILS OF PAST EVENTS ORGANISED ON RELATED TOPICS, IN THE LAST 3 YEARS** (Separate Sheet to be attached as **Annexure-III**):

16. **EXPECTED OUTCOMES AND BENEFITS FROM THE EVENT** (Attach Separate Sheet as **Annexure-IV**):

17. **ANY OTHER INFORMATION** (Separate Sheet to be attached **Annexure-V**):

Signature of applicant with date

Signature of Head of Department/Centre

To: PIC (CEP)

Note: It is mandatory to submit a brochure in soft copy including the title, venue, schedule, convenor, and pro-convenor and all relevant details. The brochure must be submitted to this office before commencement of the program for uploading on the institute's website.

Note: It is mandatory to submit the [photographs](#) (TWO HD quality, preferably group photo or convocation ceremony) and [brochure](#) in soft copy including the title, venue, schedule, convenor, and pro-convenor and other relevant details. The brochure must be submitted to this office before commencement of the program for uploading on the institute's website.

ACCOUNT DETAILS

| | |
|-----------------------------|----------------------------|
| Name of the Account: | IIT ISM CEP ACCOUNT |
| Account Number: | 110261358281 |
| Name of the Bank: | CANARA BANK |
| IFS Code: | CNRB0000986 |
| SWIFT CODE: | CNRBINBBBFD |





IIT(ISM) DHANBAD
CLOSURE FORM – CONFERENCE/ WORKSHOP (SAMPLE)

Outreach Program No.:

| A. Details of Receipt/Payment: | | | |
|---------------------------------------|--|---|-----|
| A | A1. Total budget | | 100 |
| | A2. GST@18% of A1 | | 18 |
| | A3. Total Amount received vide receipt No _____ Dated _____ (Please attach copies of receipts) | | 118 |
| | A4. Deduct: Actual expenditure/payments already made (Please give details in annexure I) | | 70 |
| | A5. Balance available for disbursement | | 30 |
| B. Credits & Disbursement | | | |
| B | B1. Overhead Charges @ 10% of total charge of A1 | | 10 |
| | (i) CEP Support Charges @ 60% of Overhead Charges | 6 | -- |
| | (ii) Dept/Centre Development Fund @ 20% of Overhead Charges. | 2 | -- |
| | (iii) PDF @ 20% of Overhead Charges | 2 | -- |
| C | Total credit (Add Sl. No. A5-B1)) | | 20 |
| D | Balance Available for disbursement | | 20 |
| E | Amount to be released as per list attached (Annexure I) | | 15 |
| F | Unspent amount(D-E) | | 5 |
| | (i) General Maintenance Fund @ 60% (Centenary Support Charges applicable from 1st January 2025 to 31st December 2026 *To CEP Support Charges wef 01 January 2027) | 3 | -- |
| | (ii) Department/Centre Development Fund @ 20% | 1 | -- |
| | (iii) Professional Development Fund @ 20% | 1 | -- |

Encl: Disbursement sheet, Distribution list of Coordination charge, honoraria to Resource Persons & supporting staff, and final closure report of Outreach Program.

□

Signature of Program Coordinator

Signature of HOD

Note: The Closure Form (Form 4A) should be submitted within **TWO** months of completion of the program.

Outreach Program No.: _____

A. Details of Disbursement:

1. Honoraria for Resource Persons, support staff and outside resource personnel:

| Sl. No. | Name | Employee Code/ Account details | Designation & Department | Gross Amount (Rs.) | Credit to PDF or bank | |
|---------|------|-----------------------------------|-----------------------------|--------------------|-----------------------|-----|
| | | | | | Bank | PDF |
| (i) | | | | | | |
| (ii) | | | | | | |
| (iii) | | | | | | |
| (iv) | | | | | | |
| (v) | | | | | | |

This is to certify that the Conference/ Symposium/ Workshop/ Seminar / Others has been completed on _____, one copy has been retained by the PC of the Program (Name of the PC) _____ and one copy has been sent to the Office of the Dean (CEP) by e-mail (officeofdcep@iitism.ac.in).

Signature of the Program Coordinator

Name: _____

Date: _____

FOR OFFICE USE ONLY

Remarks: _____ Dealing Assistant

May be processed for payment:

AR (P)

Dean (CEP)