



**GUJARAT STATE BIOTECHNOLOGY MISSION**

**Dept. of Science and Technology, Govt. of Gujarat**

Block #11, 9<sup>th</sup> Floor, Udyog Bhavan, Sector-11

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***Application Form for the Financial Assistance for organizing Seminar / Symposia / Workshop / Training Programme in different areas of Biotechnology***

<b>1. DETAIL OF ORGANIZATION</b>	
Name of Coordinator	
Designation	
Department	
Name Of Institute	
<b>2. CONTACT DETAILS</b>	
Phone Number	
Mobile Number	
Email Id	
<b>3. LEGAL STATUS OF INSTITUTE [WITH DETAILS OF REGISTRATION]</b>	
Status of the organizing Body	<input type="checkbox"/> College/Department [Government]
	<input type="checkbox"/> College/Department [Self-Finance]
	<input type="checkbox"/> Private Institute
	<input type="checkbox"/> Government Institute
	<input type="checkbox"/> Non-Governmental Organization (NGO)
	<input type="checkbox"/> Central Government Institute
	<input type="checkbox"/> Other      Specify _____
Affiliation of Institute/ University	
Year of Establishment	

<b>4. DETAIL OF THE EVENT</b>		
Title of the Programme proposed		
Scope of Programme	<input type="checkbox"/>	National
	<input type="checkbox"/>	International
	<input type="checkbox"/>	State
Venue of the Programme		
Type of the Activity Proposed	<input type="checkbox"/>	Seminar
	<input type="checkbox"/>	Conference
	<input type="checkbox"/>	Symposia
	<input type="checkbox"/>	Workshop
	<input type="checkbox"/>	Training Programme
	<input type="checkbox"/>	Other
Major Area	<input type="checkbox"/>	Plant Biotechnology
	<input type="checkbox"/>	Animal Biotechnology
	<input type="checkbox"/>	Industrial Biotechnology
	<input type="checkbox"/>	Environmental Biotechnology
	<input type="checkbox"/>	Pharmaceuticals & Healthcare Biotechnology
	<input type="checkbox"/>	Bioinformatics
	<input type="checkbox"/>	Rules and Regulations related to Biotechnology
	<input type="checkbox"/>	Other
Brief of the programme (Pl. limit to 200 words and attach other details inclusive of Prog. Schedule as Appendix):		
Collaborating institutions/Organizations, if any		
<b>5. PROGRAMM SCHEDULE</b> [attach Programme Structure, detail of Speakers and their Topics]		
Event/Activity	Date of Start of Event: dd/mm/yyyy	
Duration from	Date of Completion: dd/mm/yyyy	

<b>6. TOTAL ESTIMATED EXPENDITURE FOR THE PROGRAMME</b>		
<b>HEAD</b>	<b>AMOUNT [In INR]</b>	
TA/DA		
Printing ,Stationary, Publication of the proceedings, Folders/Kits		
Honorarium		
Chemicals and Consumables		
Food/ Refreshments		
Accommodation		
Contingency		
Others [Specify]		
<b>TOTAL</b>		
<b>7. TOTAL ESTIMATED INCOME FOR THE PROGRAMME</b>		
<b>TYPE OF THE AGENCY</b>	<b>NAME OF THE AGENCY</b>	<b>TOTAL AMOUNT [In INR]</b>
State Government		
Central Government		
Private Sector		
Industries		
Self/ By the Hosting Institute		
Fees/Registration		
Other Sources [Specify]		
<b>TOTAL</b>		
<b>8. FINANCIAL ASSISTANCE REQUESTED FROM GSBTM</b>		
<b>HEAD</b>	<b>AMOUNT [In INR]</b>	
TA/DA		
Printing, Stationary, Publication of the Proceedings, Folders/Kits		

Honorarium	
Chemicals and Consumables	
Food/ Refreshments	
Accommodation	
Contingency	
Others [Specify]	
<b>TOTAL</b>	
<b>9. DETAILS OF THE DELEGATES</b>	
Foreign Delegates	
Indian delegates	
Students	
Others	
<b>TOTAL</b>	
<b>10. BANK DETAIL</b>	
Bank Name	
Account Holder Name	
Account Number	
IFSC Code	
Name & Designation of the official empowered to receive the grant	

### DECLARATION

Certified that the details furnished above are correct to the best of my knowledge & belief and that the amount of financial assistance if granted, will be utilized for the purpose for which it is granted and within the time prescribed by GSBTM. I also undertake to submit the Utilization Certificate duly executed and shall abide by the rules & other conditions prescribed & revised from time to time.

**PLACE:**

**Signature of Coordinator**

**DATE:**

**Signature of the Head of the Institute (with seal)**