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**DEPARTMENT OF HEALTH RESARRCH**

**INDIAN COUNCIL OF MEDICAL RESEARCH**

**Application format for “DHR-ICMR funded Workshops on Clinical Training/Translational Research” 2022**

*To be filled in by the Organizing Secretary and counter signed by the Executive Authority of the parent organization. All applications for financial assistance should be furnished, completed in all respect with all details in the prescribed performa (in five hard copies and soft copy) three months before the date of commencement of the workshop.*

*NOTE: Applications not received three months prior to the date of workshop will not be considered.*

IMPORTANT

DHR-ICMR logo should NOT be used on application for applying grant, event brochure, etc. However, after getting letter of financial support from DHR-ICMR, the logo should be used for acknowledging DHR-ICMR support on signage, banner, stationery, event report, etc.

1. Title of the Workshop-
2. Name of Scientific Association/Body/Society/Institution seeking financial assistance-
3. Name, designation and address of Organizing Secretary & Convener with Pin Code including telephone/**Mobile**/Fax/**E-mail address**-
4. Date (s) and place of organizing Workshop-
5. Grant requested from DHR-ICMR (in Rs.)-

6. (a) Detailed Programme *i.e.* name of speakers (with their Designation and name of their Institute/Organization/Medical College) and their topics/titles of papers/courses/modules/lectures *etc.* (date & time wise) along with detailed list of participants (with their names, designation and affiliation) may be submitted. Indicate confirmed speakers (confirmation receipt to be enclosed from all speakers listed National & International)-

 *Pl. note: Kindly include names of speakers only after getting their consent or else mention clearly- consent awaited/not yet confirmed*

(b) Has any Association/Chapter received any grant from DHR/ICMR during the last two years for organizing Workshops? If so, give details year-wise and quote the DHR/ICMR letter No. and date, in tabular form under the following heads:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the Association  | Year  | Amount | Letter No.& date | Purpose | Name of the Workshops  | Whether UC/Report submitted  |
|  |  |  |  |  |  |  |

(c) What is the total expenditure anticipated? Please give detailed budget under various heads (may attach a separate sheet).

7. Details of grant requested/received from other nodal agencies like DST, DBT, CSIR, UGC, INSA, NAMS and ICAR or any other agency for the proposed Workshop:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Agency | Grant Requested  |  Grant Received  | Grant received or expected  | Items for which grant has been asked for  |
|  |  |  |  |  |

8. (a) Name, email and mobile no. of the authority who will be responsible for submitting the audited statement of accounts/Utilization Certificate.

 (b) The Organizing Secretary would have to submit a brief summary of scientific activity & copy of proceedings report within a period of three months-

 (c) Please indicate whether you are willing to accept up to two nominees of the Council for participation in the Workshop without any registration charges-

 (d) Name of the authority in whose favour payment of grant is to be released-

9. (a) In what way is the Workshop expected to contribute to the existing knowledge in the biomedical field?

 (b) Expected outcome and how it is aimed at tackling National, Regional and Global Health

 issues:

**Date:**

**Place:**

Signature of the Organizing Secretary Signature of Head of the Institution

 with Stamp/Seal with Stamp/Seal

Checklist:

1. Five sets of hard copies of complete and signed application with detailed programme *i.e.* name of Speakers (with their Designation and name of their Institute/Organization/Medical College) and their topics/modules/lectures *etc.* (date & time-wise) and detailed list of participants (with their names, designation and affiliation) as per the deadlines given in instructions.
2. Kindly also send a single PDF file of the soft copy of the complete application form along with required documents (PDF format only) to: dhr.icmrworkshops@gmail.com as per the timelines given in instructions.