**ANNEXURE – VII**

**Department of Research and Development**

**Asiatic Society for Social Science Research**

**Flat No. 1 U/G House No. 677/16 Ashok Vatika Deoli New Delhi – 80**

**PROGRAMME PROPOSAL**

**BASIC INFORMATION OF THE PROGRAMME**

**Programme Title:**

**Lead Programme Convenor**

**Name:**

**Email:**

**Contact Number:**

**Designation:**

**Name of the Affiliated Institute:**

**In Case the Programme in from Constituent Unit of ASSSR (please specify):**

**Co – Convenor(s) (if any):**

**Co-operator(s) (if any):**

**PROGRAMME PROPOSAL / CONCEPT NOTE**

|  |
| --- |
| **Structure of Programme Fee** |
| **Registration Fee** (if any) |  |
| **Course Fee** |  |
| **Security Deposit** (if any) |  |
| **Late Fee** (if any) |  |
| **Additional Utility Charges** (if any specify) |  |
| **Tax (18% GST)** (mandatory) |  |
| **TOTAL** | per candidate |

**About the Programme:**

**Aims and Objectives of the Programme:**

**Outputs and Outcomes of the Programme:**

**Scopes and Relevance of the Programme:**

**Minimum and Maximum Number of Candidates to fulfil Budgetary Constrains:**

**List of Research Persons (with details):**

**Timelines / Programme Schedule:**

**DECLARATION**

**I hereby declare that:**

* + - 1. **The entries made in the form above and the additional particulars furnished by me are true to the best of my knowledge;**
			2. **I have read the Minimum Payment Regulation Rules regarding the award of Programme Grant of the ASSSR’s Minimum Payment Regulation Rules, as per MoA. In the event of a** **Programme Grant being awarded to me, I shall fulfil all the requirements of the Programme Grant, and agree to refund to the ASSSR all expenditure incurred by me over the Programme Grant if the work of the Programme Grant is not properly carried out or is not completed.**
			3. **If selected, I will work on a whole – time basis for Programme Grant and will not accept any other Programme Grant or employment except in accordance with the ASSSR’s Minimum Payment Regulation Rules.**
			4. **I certify that I will lead the programme and complete all the tasks outlined in the proposal. I certify that a complete programme report will be submitted at the end of the programme along with the photographs, a short educational video (minimum 30 minutes) of the programme, and other relevant documents.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:**

**Designation:**

**Name of the Affiliated Institute:**

**Dated:**

***Checklist of enclosures needed:***

* + - 1. **A Programme Proposal as per the format appended in** **Annexure VII;**
			2. **Estimated Budget / Expenditure as per the format appended in Annexure VIII;**
			3. **Grant-in-Aid Bill / Pre-Receipt Bill as per the format appended in Annexure IX;**
			4. **Undertaking (on non-judicial stamp paper of ₹ 100/-) as per the format appended in Annexure X; and**
			5. **Cancelled Cheque, PAN Card and other relevant documents of the Programme Coordinator.**

**-----------------------------------------------------------------------------------------------------**

**(For Official Use)**

**Recommendation of the forwarding authority, indicating that the institution / centre is willing to support and endorse the programme proposal.**

**Approved by Head of Institute of Affiliation Approved by Head, R & D**

***(Signature with date)***

**Approved by Secretary Approved by President**