**APPLICATION FORM**

**FOR APPLYING TO THE FUNDS FOR ORGANIZING SCIENCE AND TECHNOLOGY EVENTS**

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| **EVENT DETAILS** |
| Title of the Event |  |
|  Event type  |  Training Workshop  Seminar *(single scientific talk)*  Exhibition *(exhibit of innovative scientific models/products)* Festival *(Action-packed program of events, demonstrations and performances that celebrates the modern Science & Technology)* Symposium *(more than one scientific talks in a day*)  Conference *(multiple scientific talks & panels etc. 1-3 day event)* Public Activity *(Any scientific activity to inform and excite general public)*An Any other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please specify wehther the event was limited to participants from within the country or did it have international component that involved participants from other countries ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please identify which Directorate’s priority major areas is your event aligned with?  Specific/minor area?  |  Advanced Material Gemstones Biomedicine Archeology Space Sciences Herbs & Medicinal Plants Fruits & Vegetables Fisheries Bees & Honey Micro hydro Power Urban Environment Any others Specific/minor |
| Description of the planned event |  |
| 1. Objective of the event
2. Outcomes in the form of quantifiable

*(Also please indicate how will the proposed event contribute to strengthening and popularizing the science and technology enterprise in KP)* |  |
| Type of audience |  Academic Start-ups Industry Faculty Students: University High School Primary-level General public Any other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated number of audiences  |  |
| What percentage of attendees do you expect to be from NMDs (Newly Merged Districts), and how will you achieve this representation?Share your plan to ensure participation and engagement from NMD students at your event. *(Student engagement from NMDs is mandatory,**applications must**demonstrate a minimum 10% participation from Newly Merged Districts)* |  |
| Event City/Venue |  |
| Venue address |  |
| Proposed Date(s) of the event |  |
| **ORGANIZER DETAILS**  |
| Details of organization/institute | Name of organization/institute |  |
| City your organization/institute is based in? |  |
| Description of your organization/institute*(scope and nature of work)* |  |
| Please specify which part of S-T-E-A-M is your focus?  |  Science Technology Engineering Arts Mathematics |
| Area of specialty*(e.g. robotics, space sciences)* |  |
| Official website |  |
| Twitter handle |  |
| Please describe any relevant past experience that you may have? *(You may add annexures if needed)* |  |
| Details of Focal person/Event lead | Name |  |
| Mobile |  |
| Secondary mobile contact |  |
| Email |  |
| Twitter handle |  |
| **COLLABRATING PARTNERS** |
| Do you have any collaborating partner for this event? (If yes, share the partner’s details and role?  |  |
| Are you inviting any resource(s) person? (If yes, please share the details/profile of resource person(s) |  |
| **COMMUNICATION PLAN** |
| Briefly explain your communicationsstrategy to highlight and promote the proposed event among relevant community and public? |  |
| Please indicate about social media, websites, print or any other forms of media you plan to make use of to share information about yourevent? |  |
| How will you portray Directorate’s role and agenda of Science for KP through this event?(Please share *your branding plan for Directorate’s pre event-during event and post event projections*) |  |
| **Financial Details (Itemized Budget Breakdown)** |
| **Note:** Please provide a detailed breakdown of all the cost you would expect that Directorate General of Science & Technology to cover. This may include Printed material (brochures, banners, cards etc.), Travel & accommodation, Rented equipment and material for activities etc. |
| **Sr. No** | **Item** | **Description** | **Rate** | **Quantity** | **Actual Amount - Rs.** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| **Sub-total** |  |

**NOTE:** Payment shall be made on production of the following documents: -

1. The Supplier/Vendor submits manually signed invoice in triplicate certifying that Services delivered is in accordance with the contract.
2. Deliverables Receiving Report (in original) signed by the Authorized Representative of Procuring entity in acknowledgement of having received all deliverables in accordance with the Purchase Order/Contract Agreement.
3. Attendance sheet of participants
4. Authenticated sales tax invoice in original as prescribed in the Sales Tax Act 1990 (where applicable).
5. Valid Income Tax Exemption Certificate (otherwise Income Tax at current applicable rates shall be deducted from the invoice). (Where applicable).
6. National Tax Number.
7. Sales Tax Registration Number.
8. KPRA Registration.
9. Certificate in original issued by any one of the Independent Inception (where applicable).
10. Vendor Number, Bank Account Number and Branch.
11. Recovery of all applicable taxes at source should be made as per rules.
12. Any other documents required at the time of bill processing.

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| Signature:Name:Designation:Contact No:Stamp:VC/Rector/Director ORIC/Designated Authority | Signature:Name:Designation:Contact No:Stamp:Organizer/Focal Person |