Application for grant of financial assistance from ISHA for conduct of activities/programs/seminars/conferences

To be filled in by the Organizing Secretary and counter signed by the Executive Authority in the case of organizations/institutions. The organizing secretary should be a life member of ISHA. In case of recognized branch or chapter of ISHA, the application should be signed by secretary and president of the branch or chapter. Please allow a minimum of four weeks' time and a maximum of eight weeks' time prior to the proposed date of organization of activity for the processing of the application.

1. **Title of Program/Activity:**

2. **Name of Association/ Branch/Chapter/ Society/ Institution/Organization seeking financial assistance.**

3. **Name, ISHA- life membership number, designation and address of Organising Secretary (individual responsible for conduct of the program/activity) with Pin Code including telephone/Mobile/Fax/e-mail address.**

4. **Date (s) and place of organising program/activity**

5. **What is the total expenditure anticipated? Grant requested for from ISHA:**
   Maximum amount permissible of Rs.20,000/-

6. **Give a brief description of the program/activity proposed including the nature of the activity, participants involved and the expected outcome of the activity (250 to 500 words)**

7. **Has your Association/ Branch/Chapter/Society/ Institution/Organization received any grant from ISHA during the last two years for organizing an ISHA sponsored event? If so, give details year-wise in tabular form under the following heads:-**

Name of the Association/ Branch/Chapter/ **Society/Institution**/Organization/ Individual	**Year**	**Amount**	**Purpose**	**Name of the Activity/Program**

8. **(a) Name of the authority who will be responsible for submitting a brief report of the program/activity with photographs and utilization report after its completion.**

   (b)   Name of the authority in whose favor payment of grant is to be released.

**Signature of
Organizing Secretary
Signature of**

                                                                Head of the Institution

Date:
Place: