

SHRI RAM COLLEGE OF COMMERCE
APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE
UNDER THE SCHEME "CENTRE FOR ACADEMIC EXCELLENCE"
(A) APPLICATION FOR STUDENTS

1	Name of Applicant or Group Leader <i>(in case of Group Visit)</i>	
2	Class and Semester	
3	Section & Roll No.	
4	Email	
5	Mobile No.	

Photograph Of Applicant

6	Programme Code <i>(As per scheme of CAE)</i>				
7	Programme Title <i>(As per scheme of CAE)</i>				
8	Purpose/Role in the Programme (✓)	1	Participation	2	Paper Presentation
		3	Visit		
		4			
9	Programme Territory (✓)	Delhi & NCR	Other than Delhi & NCR	Outside India	
10	Date / Dates of Programme				
11	Timings of Programme <i>(In case Delhi/NCR is venue)</i>				
12	Title of the Seminar/ Visit Conference/ Workshop/ Training Programme				
13	Name of the Programme Organizing Body				
14	Programme Venue				
15	Details in case of Paper Presentation				
A	Title of the Paper				
B	Name of Event, Venue, & date in case paper was presented earlier				
C	Name(s), & Organization(s) of co-author(s), if any				

	Amount & details of financial assistance/ sponsorship received/ receivable/ contemplated for paper presentation	
16	Total No. of member in a group, (in case of group visit), Attach Separate sheet Listing the Name, Semester, Class, Roll No. Email & Mobile No. of other members	
17	Details of Expenditure for which Financial Assistance is requested. (Separate sheet should be use for details)	1 Fees (Programme Fee/Registration)
		2 Traveling (Air/Rail/Bus/Ship)
		3 Local Travel
		4 Boarding & Lodging
		TOTAL
18	Whether the applicant has applied/applying separately for the funds to any other organization for the programme OR received/expected to receive any financial assistance/grant/sponsorship for the programme, <u>if yes</u> , mention	
1	Name of Organization	
2	Amount financial assistance	

DECLARATION

I, undersigned, hereby declare that the above statements/facts made in this form are true and correct. In case any information is found to be incorrect I shall be liable for the same and the amount paid to me is liable to be refunded by me to the College.

Date :

Signature :

Place :

Name :

FOR OFFICE USE

Scheme Code	Block Period	Total Annual Programme Units	Max individual Admissible Programme Units	Programme Units Chances Utilized	Dates of Utilization	Whether documents are complete	Whether eligible	Actual Amount Claimed
		Programme . Units Utilized						

Remarks: _____

DA

AO