APPLICATION UNDER THE NON-MATCHING SCHEME OF ASSISTANCE FOR ORGANISATION OF NATIONAL LEVEL SEMINAR, WORKSHOP, TRAINING AND AWARENESS PROGRAM

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To
The Director General
Raja Rammohun Roy Library Foundation
Block-DD-34, Sector-I, Salt Lake
Kolkata – 700 064.

Web: rrrlf.gov.in, E-mail: rrrlf-wb@nic.in

Subject: ASSISTANCE FOR ORGANIZATION OF NATIONAL LEVEL SEMINAR, WORKSHOP,

TRAINING AND AWARENESS PROGRAM.

Sir,

I submit herewith an application vide Annexure - I and Check List for financial assistance under the "Non Matching Scheme of Assistance for organization of National Level Seminar, Workshop, Training and Awareness Program". I certify that I have read the rules and regulations of the scheme and I undertake to abide by them.

Yours faithfully,

Place:

Date: Signature of the applicant with designation and office seal

#### Annexure – 1

# (All the columns are to be filled up properly by the applicant in English or Hindi (official language) in Capital letters)

1.	Name of the institution/ organization/	
	Department:	
	(As per registration certificate)	
2	Postal address of the applicant :	
	(i) Premises No./Street	
	(ii) Village/Town	
	(iii) Post Office	
	(iv) District	
	(v) State with Pin Code	
	(vi) Contact/Mobile No of the applicant	
	(vii) Whether the library located at	(i) Urban (ii) Rural or (iii) Tribal Area
	(viii) E-Mail ID	
3.	Nearest Railway Station/Bus Stop/Land Mark	
4.	a) Status of the Library/Organization	Govt. / Non-Govt.
	b) Nature of the Library/Organization	National / State Level
5.	A. Date of Registration:	
	(Photocopy of the Society Registration	
	Certificate be attached)	
	B. Unique ID in NGO Darpan (for NGO):	
6.	In case of Government Libraries	
6.	Designation & postal address of the Head of	
6.		
<ul><li>6.</li><li>7.</li></ul>	Designation & postal address of the Head of	parate sheet, if required):
	Designation & postal address of the Head of the Department	parate sheet, if required):
	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach sep	parate sheet, if required):
	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach sep A. Theme/Topic of the Seminar/Conference	parate sheet, if required):
	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach sep A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed	parate sheet, if required):
	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach sep A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference	parate sheet, if required):
	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach september)  A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource	parate sheet, if required):
	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach september)  A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)	parate sheet, if required):
7.	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach september A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)  D. No. of delegates/participants:  Estimated expenditure of the Seminar/Conference (Item-wise details to be	parate sheet, if required):
7.	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach september)  A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)  D. No. of delegates/participants:  Estimated expenditure of the Seminar/Conference (Item-wise details to be provided in separate sheet)	parate sheet, if required):
7.	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach september A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)  D. No. of delegates/participants:  Estimated expenditure of the Seminar/Conference (Item-wise details to be provided in separate sheet)  Amount of assistance required:	parate sheet, if required):
7.	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach separate A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)  D. No. of delegates/participants:  Estimated expenditure of the Seminar/Conference (Item-wise details to be provided in separate sheet)  Amount of assistance required:  Source of fund to be incurred in excess of the	parate sheet, if required):
7. 8. 9.	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach september A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)  D. No. of delegates/participants:  Estimated expenditure of the Seminar/Conference (Item-wise details to be provided in separate sheet)  Amount of assistance required:  Source of fund to be incurred in excess of the ceiling limit of the scheme:	
7. 8.	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach separate A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)  D. No. of delegates/participants:  Estimated expenditure of the Seminar/Conference (Item-wise details to be provided in separate sheet)  Amount of assistance required:  Source of fund to be incurred in excess of the	parate sheet, if required):  Yes / No
7. 8. 9.	Designation & postal address of the Head of the Department  Particulars for Seminar/Conference (Attach september A. Theme/Topic of the Seminar/Conference  B. Date, Time & Venue of the proposed seminar, conference  C. Name & Qualifications of the Resource persons (Separate sheet be attached)  D. No. of delegates/participants:  Estimated expenditure of the Seminar/Conference (Item-wise details to be provided in separate sheet)  Amount of assistance required:  Source of fund to be incurred in excess of the ceiling limit of the scheme:	

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**Declaration** 

On behalf of the institution/organization, I solemnly declare that the particulars furnished above are true. I certify that I have read the rules and regulations of the

scheme and I undertake to abide by them. I also declare that no Utilization Certificate

and other documents related to previous assistance received by this

library/organization through RRRLF are pending.

List of Enclosures: Please see Check List.

Name of the applicant

Place: Designation

Date: (In Block Letters)

Signature with Office Seal

### Annexure – II

### Recommendation of State Government/U.T Administration

This is to certify that the project is useful for improvement of library services in the
State/U.T. and the library deserves assistance from the RRRLF. An Officer of the
Department has inspected the organization and found the organization eligible for
receiving assistance under this non-matching scheme. The amount of assistance
recommended is Rs (Rupees)
only in favour of from the non-
matching fund which have been approved in the State Library committee/State Library
Planning Committee meeting held on
Signature
Name and designation of the Convener, SLC/SLPC with Office Seal.
Place:
Date:

## Check List for Organisation of National level Seminar, workshop, Training and Awareness Program

SI.	Particulars	Check (Tick)
No.		
1	Forwarding Letter	
2	Application with Annexure I	
3	Copy of Constitution/Memorandum of Association	
4	Copy of Society Registration Certificate	
5	Copy of latest available Annual Report	
6	Copy of latest Audited Accounts	
7	List of Members of the Governing Body	
8	Item-wise detailed estimates	
9	List of Resource Persons	
10	Undertaking to bear the liability in excess of the prescribed ceiling limit of the scheme.	

Signature of the applicant with designation and Office seal

Place : Date :