

## JAMIA MILLIA ISLAMIA

(Application for the Grant of Financial Support for attending National/ International (Abroad)  
Workshop/Conference/Seminar/Symposium, etc.)

1. Name : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Department/Centre : \_\_\_\_\_
4. Employee ID : \_\_\_\_\_
5. Date of appointment on a Permanent basis : \_\_\_\_\_
6. Type of Conference/Seminar/Symposia : ☐ National Conference/Seminar/Symposia  
(Tick the appropriate one) ☐ International Conference/Seminar/Symposia  
☐ Other: \_\_\_\_\_
7. Title of the Conference/Seminar/Symposia : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Organizer/Institute : \_\_\_\_\_
9. Venue and City/Country : \_\_\_\_\_
10. Date of Conference/Seminar/Symposia : From: \_\_\_\_\_ to: \_\_\_\_\_

Role of Faculty Member: (Tick the appropriate one): ☐ Paper Presentation  
☐ Poster Presentation  
☐ Invited Speaker  
☐ Keynote/Plenary Speaker

11. Title of the Paper/Presentation : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Abstract/Paper : ☐ Accepted  
☐ Under Consideration  
☐ Not Applicable

13. Whether the author of the paper is one or multiple? : ☐ Single  
 If multiple, a declaration submitted by other authors : ☐ Multiple  
 that the paper is not being presented or has been : ☐ Declaration Attached  
 presented by any of them in the same or another international  
 workshop/Conference/Seminar/Symposium.
14. In case of multiple authors, have NOCs of each been : ☐ Yes ☐ No  
 taken and attached with this application?
15. Whether papers presented in previous conferences : ☐ Yes ☐ No  
 have been published in a referred journal of  
 international repute/proceeding/research articles  
 monographs published by reputed publishers.
16. Estimated Expenditure : Rs. \_\_\_\_\_
17. Financial Assistance Requested : Rs. \_\_\_\_\_
18. External Funding/Sponsorship, if any : Rs. \_\_\_\_\_
19. Previous Financial Assistance Availed : Rs. \_\_\_\_\_ Financial Year \_\_\_\_\_

*Declaration:*

I certify that the information provided above is true and complete. I undertake to comply with the applicable JMI rules and submit the required documents and expenditure statement within the prescribed period. I further certify that the expenses claimed from JMI shall not be claimed/reimbursed from any other source.

Signature and Name of Faculty Member : \_\_\_\_\_

Recommendation of the HOD/Director of the Centre:

Comments:

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Recommendation of the Dean of the Faculty:

Comments:

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_