**Programme details**

**Part-A**

|  |  |  |
| --- | --- | --- |
|  | **Type** | Seminar/Workshop/Orientation  |
|  | **Theme/Title**  |  |
|  | **Tentative Date/Duration**  |  |
|  | **Venue** |  |
|  | **Residential/Non-Residential** | *With reference to participants' accommodation*  |
|  | **Detail of Local Coordinator** |  |
|  | **Organising institution's detail** |  |
|  | **Other collaborating institution/NGO detail** **(if any)** |  |
|  | **Nature and No. of expected participants** |  |

**Programme details**

**Part-B**

1. **Theme/Title of the Programme:**
2. **Type, Duration, Residential/Non-residential details:**
3. **Concept Note (in 500-1000 words):**
4. **Importance/Rationale (in 300-500 Words):**
5. **Key Objectives (point-wise in bullets):**
6. **Sub-themes of the Programme (related to dedicated sessions/issues to be covered)**
7. **Expected Outcomes (point-wise in bullets)**

**Programme details**

**Part-C**

**Tentative Programme schedule**

(Day-wise, session-wise, theme-wise etc.)

|  |  |  |
| --- | --- | --- |
| ***Day*** | ***Session*** | ***Topic/Theme*** |
| **First** | Session-1 | Inaugural  |
| Session-2 |  |
| Session-3 |  |
| Session-4 |  |
|  |  |  |
| **Second** | Session-1 |  |
| Session-2 |  |
| Session-3 |  |
| Session-4 |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Programme details**

**Part-D**

**Plan of Coverage/Publicity of the Programme**

|  |  |  |
| --- | --- | --- |
|  | Which of these will be used for general publicity of the programme? | Face-to-face interactionInstitutional WebsiteEmail TwitterFacebook WhatsAppInstagramPrint mediaElectronic mediaOther modes |
|  | How will the programme information/invitation will be shared with the target participants?  |  |
|  | Strategy for media coverage before the programme(Print, TV, website, other digital platforms)  |  |
|  | Strategy for media coverage during/after the programme(Print, TV, website, other digital platforms)  |  |

**Programme details**

**Part-E**

**CV of the Local Coordinator/Joint-Coordinators**

**Part-F**

**Tentative Budget**

**Title of the Programme:**

**Category:** Orientation/Workshop/Seminar

**Total Duration** (No. of days):

**Place (with Name of the State/UT):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** |
| ***S.No.*** | ***Particulars*** | ***Number*** | ***Rate*** | ***Days*** | ***Amount*** |
| 1. | Honorarium to the Resource Persons  |  |  |  |  |
| 2. | TA/Local conveyance of the Resource Persons |  |  |  |  |
| 3. | Accommodation expenditure |  |  |  |  |
| 4. | Refreshment, working lunch, etc.  |  |  |  |  |
| 5. | Stationery |  |  |  |  |
| 6. | Miscellaneous  |  |  |  |  |
|  | **Total** |  |  |  |  |

**Part-G**

**­­­**

**Undertaking/Acceptance letter**

To

The Chairman

Bharatiya Bhasha Samiti

Ministry of Education, Govt. of India

'A' Wing, 3rd Floor, Vishwakarma Bhawan

Shaheed Jeet Singh Marg, Katwaria Sarai,

New Delhi-110016

The institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is willing to organise seminar/workshop/orientation in collaboration with the Bharatiya Bhasha Samiti on the theme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

For this, the following person(s) is/are assigned the duty of local coordinator/joint-coordinators:

*(Name, designation, mobile no., email)*

The institution agrees to administer and manage the fund sanctioned by the Bharatiya Bhasha Samiti for aforementioned programme and provide basic infrastructural facilities and logistical support for the same.

The institution shall be responsible for submitting the utilization certificate for the fund received by it, for this purpose within a week from the completion date of the programme.

The following account no. is authorised to receive the fund for organising the programme.

|  |  |
| --- | --- |
| A/C Number |  |
| A/C Holder's Name |  |
| IFSC  |  |
| Bank Name |  |
| Bank Branch Address |  |

**Signature of the Administrative Head/**

**Registrar/ Principal/Director**

(with name, stamp and contact details)

Place:

Date: