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| NEW Shastri Logo 150 resolution for in-house useSHASTRI MEMBERSHIP DEVELOPMENT GRANT APPLICATION FORM 2017-2018 |
| **1** | Last Name:      | First Name:      | Gender: M[ ]  F[ ]  |
| Mailing Address:       | Permanent/Home Address:       |
| Telephone:      Facsimile:      E-mail:       | Telephone:      Facsimile:      E-mail:       |
| Communication related to this application should be sent to: Mailing [ ]  Permanent [ ]  |
| **2** | Name and address of the Institution: |
|       |
| **3** | Details of Planned Event:      |
| * Name of the Event:
* Date/s of the Event:
* Venue of the Event:
* Number of participants:
* Type of participants:
 |
| **4** | **Pleasestate the key objectives of the event and whether the event’s topic is appealing to a broader audience (300 words):** |
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| **5** | **Please describe the expected immediate outcomes of the event (250 words):** |
|       |
| **6** | **Please describe how will the event contribute to the development of your institution/department (200 words)** |
|       |
| **7** | **Please indicate how the event will contribute in promoting the Canadian Studies in India (300 words)** |
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| **6** | **Please indicate how the Shastri institute will be showcased at this event? What are the promotional materials to be used i.e., posters, presentation…etc (100 words)** |
|       |
| **7** | **Please provide a detailed breakdown budget outlining how the fund would be spent:** |
|       |
| **8** | Signature |
|  |       |
| Applicant’s Signature | Date |