Science and Technology Human Resource Development Project
Ministry of Education

COMPETITIVE RESEARCH GRANT

REQUEST FOR APPROVAL-FORM 4
Workshop/Seminar/Conference

1. Project Implementation Unit	
2. Academic department	
3. CRG No. and title of the project	
4. PCSS No.	
5. Name and designation of the principal investigator	
6. Details of the workshop/seminar/conference **(Annexure 01)** (Please submit the TOR for the program including budget allocation, duration, venue, participants, etc.)	Local ☐ International ☐ Physical ☐ Online ☐ (Please mark "x" in appropriate cages)
a. Name of the institute providing the proposed program (if applicable)	
b. Do you intend to employ resource persons for the program? c. Do you intend to conduct the program outside Faculty/University?	Yes / No a. ☐ ☐ b. ☐ ☐ (Please mark "x" in appropriate cages) If yes, please give the details of resource persons, CV of the resource person, acceptance by the resource person with the payment details and a justification for conducting the program outside the respective Faculty/University separately as **Annexure 02** (Resource persons must not be in the ADB sanction list)
7. Total estimated cost (**Annexure 03**) (Please provide the total estimated cost for the workshop/seminar/conference)	
8. Current disbursement status of the Project (**Annexure 04**) (Please submit the summary of disbursement status as per the approved budget)	

9. Recommendation of the Head of the Department

Date: Head of the Department

10. Recommendation of the Deputy Project Director of STHRDP/PIU

Date: Deputy Project Director

11. Recommendation of the Dean of the Faculty

Date: Dean of the Faculty

12. Recommendation of the Vice Chancellor of the University

Date: Vice Chancellor

13. Approved / Recommended and forwarded to Director Planning - Higher Education

Date: Project Director – STHRDP
14. Additional Secretary (Development) - Higher Education Date: Director (Planning)
15. Secretary – Ministry of Education Date: Additional Secretary (Development)
15. Date: Secretary, Ministry of Education

Annexure 1	ToR of the workshop/seminar/conference
Annexure 2	Details requested as in the Section 6.b. & 6.c.
Annexure 3	Total estimated cost
Annexure 4	Current disbursement status as per the approved budget

STHRDP office use only

1. Completion report received

……. Date ……. STHRDP

2. All payments have been made

……... Voucher No. / Date ……. Total expenditure

……
MA/Finance