

SUMMARY
(TO BE FILLED BY ORGANIZER)

1. Name of the Institute/University under whose auspices the Symposium/Seminar/Workshop/ Conference etc. is proposed to be organized:

2. Title / Name of the Event :

3. Period of the Event:

<i>From</i>			<i>To</i>		
<i>Date</i>	<i>Month</i>	<i>Year</i>	<i>Date</i>	<i>Month</i>	<i>Year</i>

4. Please indicate which of the specialized area/ discipline of event.

5. Total delegates expected to participate : -----no(s)

6. Total anticipated expenditure : Rs. -----

7. Total anticipated income : Rs. -----

8. Venue of the Event :

Address -----

City ----- Pin -----

9. Event Website Address: -----

10. Complete Address of contact person for all Communication:

Name : Dr/Pro/ Ms/ Mr -----

Designation :-----

Department : -----

Name of the Institute / University: -----

Address -----

City -----Pin -----

Contact No with STD code -----

Mobile no -----OR-----

Institute / University Website Address: -----

Scientific Communications Research Academy - Event Collaboration Application

e-mail ids (1)-----

(2)-----

9. When was an event on the same topic organized last: dd/mm/yyyy to dd/mm/yyyy

10. Indicate briefly within 100 words the relevance and scientific / technological importance of organizing the event needs: -----

11. How many total delegates are expected to participate in the event:

Total Delegates	:	_____no(s)
National Delegates	:	_____no(s)
Foreign Delegates	:	_____no(s)
Research Scholars	:	_____no(s)
Any Others	:	_____ no(s)

12. (a) Will the proceedings be published (Pl tick mark $\sqrt{\quad}$): Yes / No

If yes, i) who is responsible: -----

ii) How many copies are expected to be published: ___ no(s)

(b) Will the proceedings be priced (Pl tick mark $\sqrt{\quad}$): Yes / No

If yes, approximate price to be charged: Rs_____

(c) Will the proceedings assign ISBN (Pl tick mark $\sqrt{\quad}$): Yes / No

If yes, enter ISBN-----

(d) Will the conference papers be published in SCRAI Associated Journals.

(Pl tick mark $\sqrt{\quad}$): Yes / No

If yes, Pl mention the journal name: -----

13. Did the organizers receive any grant from Organization/Association)

If yes, please indicate:-----

14. Any other information which you may like to add:

Signature of the Organizer: -----

Name : Dr/ Ms/ Mr -----

Designation :-----

Department : -----

Contact No with STD code -----

Mobile no-----

e-mail id -----

Signature of the Head of the Institution/ Organization: -----

(along with seal)

where the Event is to be held.

Name : Dr/ Ms/ Mr -----

Designation :-----

Department : -----

Contact No with STD code -----

Mobile no -----

TO BE FILLED BY SCRA EVENT EXPERT

Recommendation of Expert: Regret / Deferred / Rs _____

Signature of Expert: _____

GENERAL TERMS AND CONDITIONS

1. Copy of Scanned Application Proforma sent to: ***scraindia@gmail.com***
2. Result will be available on web site www.scr.ac and only the applicants recommended by the scrai.org Experts will be informed by email provided by the candidate.
3. No application would be entertained without signature & seal of the authorized signatories in the place provided in the application proforma.