



भारतीय भाषा संस्थान

(मानव संसाधन विकास मंत्रालय, उच्च शिक्षा विभाग, भारत सरकार)

मानसगंगोत्री, मैसूर - ५७०००६

CENTRAL INSTITUTE OF INDIAN LANGUAGES

(Ministry of Human Resource Development, Dept. of Higher Education, Govt. of India)

Manasagangotri, Mysore - 570 006

SCHEME OF FINANCIAL ASSISTANCE TO VOLUNTARY ORGANIZATIONS FOR PROMOTIONAL ACTIVITIES RELATED TO INDIAN LANGUAGES (other than English, Hindi, Sanskrit, Sindhi and Urdu)

TEACHING OF LANGUAGE(S) APPLICATION FORM

AFFIX A RECENT
PASSPORT SIZE
PHOTOGRAPH
HERE

**Please read the instructions carefully before filling up the application*

1. (a) Name & address of the Applicant Organisation :

for communication (in capitals only)

PIN

Telephone no. (with STD Code) :

(b) Permanent of the Applicant Organisation :

(in capitals only)

PIN

Telephone no. (with STD Code) :

Mobile No. :

E-Mail Address :

2. (a) Is the Organization registered under the Societies Registration Act xxi of 1860? : **YES / NO**

Date & Registration No. :

Registration No. :

Application

(b) Is the organization registered on ngo.India.gov.in?

If so, Date and year of Registration :

Portal ID No. :

3. If the grant is sanctioned, whether the Organization is in a position to meet the balance amount of estimate in excess of the assistance

:

3a. If yes, then specify the sources

:

4. Language(s) being taught

:

5. Date from which learning courses were originally introduced

:

6. Are the languages courses formally affiliated to any recognized public body? If so, mention the name of affiliating body

:

7. Total duration of each language course

:

.....

8. (a) Number of instructors engaged per language

:

(b) No. of instruction hours per day

:

(c) No. of instruction hours per day week

:

9. Age group of the learners

:

10. Particulars of enrolment in the last

three years (language-wise)

:

(A list of the students enrolled at present should be attached in a separate sheet)

11. How many of these enrolled speak the language

.....

offered as their mother tongue?

:

12. No. of instructors engaged per language

:

(A copy indicating names & educational qualification of Instructors)

Application

13. Estimated expenditure on the proposed project

<u>Items of Expenditure</u>	<u>Estimated Expenditure</u>
a. Honorarium/ Salary per month for instructors (limited to Rs.500/-per month for an instructor)	Rs.
b. Books / Teaching aids for Instructors (limited to Rs. 300/- per instructor)	Rs.
c. Books for learners (limited to Rs. 50/- per learner)	Rs.
d. Contingencies	Rs.
Total	Rs.

14. Details of Applicant's Savings Bank Account

(a) Name of the Account holder :
(as in Bank Pass book)

(b) Account No. (13 digits only) :

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(c) Name and Address of the Bank :

(d) Branch Name and Code No. :

(d) IFS Code :

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Place:
Date :

Yours faithfully,

Signature

Name :
(in block letters)

Designation & Office seal:

Specimen Signature : i)

ii)

Check List : (Please mark (✓) in the box provided and attach documents accordingly)

- A copy Registration Certificate attested by a Gazetted Officer
- A copy of resolution passed in the board wherein approval to apply for financial assistance in GIA-CIIL is obtained
- Latest prospectus/brochure of the organization
- A copy of the latest annual report of the organization
- A list of the students enrolled at present
- A copy indicating names & educational qualification of Instructors
- Synopsis of the proposed project/programme
- Identity proof - a copy of Pan Card and any one of Aadhar card / Driving Licence / Pass port.
- Address proof - Election ID
- Cancelled cheque / photocopy of first page of bank pass book containing all the details along with pass port size photograph.

NOTE: (i.) The application which is not in prescribed proforma and without photo, complete information and all enclosures will be rejected without any intimation.

(ii) The processing of this application will take at least six months from the date of its receipt. The filled in application form should be sent to

GRANT IN AID SECTION CENTRAL INSTITUTE OF INDIAN LANGUAGES Manasagangotri, MYSORE – 570 006
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