



## 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 FOR LITTLE MAGAZINES IN INDIAN LANGUAGES (OTHER THAN ENGLISH, HINDI, SANSKRIT, SINDHI AND URDU)**

#### **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 : \_\_\_\_\_  
for communication (in capitals only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PIN**

Telephone No. (with STD Code) : \_\_\_\_\_

(b) Permanent address of the applicant : \_\_\_\_\_  
(in capitals only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PIN**

Telephone No. (with STD Code) : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Application

2. Is the applicant Editor/ Publisher? : \_\_\_\_\_
3. (a) Title of the magazine (in Roman letters) : \_\_\_\_\_
- (b) In Regional script : \_\_\_\_\_
- No. of pages : \_\_\_\_\_
4. Language(s) in which it is published : \_\_\_\_\_
- 5 (a) Registration No. of the magazine. : \_\_\_\_\_
- (b) Date & Year of Registration : \_\_\_\_\_
6. Theme content of the magazine : \_\_\_\_\_
7. Periodicity of publication (Tick one) : Monthly /Bi-Monthly/ Quarterly/ Bi-Annual/  
Others (Please specify)
8. Average number of pages per issue : \_\_\_\_\_
9. Name of the Editor(s) : \_\_\_\_\_
10. Name of the Publisher (s) : \_\_\_\_\_
11. Address of the Editorial office : \_\_\_\_\_
- |     |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
| PIN |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
- Telephone No. (with STD code) : \_\_\_\_\_
12. (i) Price per copy of the little magazine : \_\_\_\_\_
- (ii) Annual subscription : \_\_\_\_\_
13. Is this the first time the applicant is applying for this grant? : \_\_\_\_\_
- If not, mention the date & year of previous application or grant(s) : \_\_\_\_\_
- (Specify whether First/Second/Third time application along with year) : \_\_\_\_\_

Application

14. Number of copies of each issue being printed (Tick one):

- 500 – 1000       1001 – 1500       1501 - 2000       2001 – 3000       3001 & above

15. 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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Date :

Yours faithfully,

Place:

Signature

- Name (in capitals) : \_\_\_\_\_
- Designation & Office seal : \_\_\_\_\_
- Specimen Signature : i) \_\_\_\_\_
- ii) \_\_\_\_\_

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

- Attested copy of registration certificate
- A copy of resolution passed in the board of editors wherein approval to apply for financial assistance in GIA-CIIL is obtained
- Synopsis of the magazine.
- A copy of the previous year and current year issue of the magazine (1<sup>st</sup> time application)
- A copy of the latest (current year) issue (2<sup>nd</sup> & 3<sup>rd</sup> time application)
- 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 shall be sent to:**

<b>GRANT-IN-AID SECTION CENTRAL INSTITUTE OF INDIAN LANGUAGES MANASAGANGOTRI, MYSORE – 570 006</b>
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