



BIKALI COLLEGE, DHUPDHARA
GOALPARA-783123

Date:

APPLICATION FORM

(FINANCIAL GRANT TOWARDS PROFESSIONAL DEVELOPMENT)

To,

The Principal Bikali College, Dhupdhara, Goalpara-783123

Name.....

Designation.....

Department.....

Financial Grant Amount sought (Rs.).....

Purpose 1. Attending (Seminar/Conference/Workshop/FDP/Other) (Tick One)

Title:.....

Organised by:.....

Date:.....

Venue:

Participated as Speaker/Panellist/Presenter/Attendee (Tick One)

Purpose 2. Membership of Academic/ Professional Bodies (Tick One)

Name of the body:.....

Address:.....

Date of registration as membership.....

I confirm that the participation/membership registration is beneficial for my professional development and aligns with the academic and research objectives of our institution.

I have attached the necessary supporting documents, including the event invitation/brochure/abstract note/certificate/payment receipts, travel tickets, and accommodation bills.

Signature of Applicant

Convenor,

Research and Development Cell

Granted

Principal, Bikali College, Dhupdhara