FORM I

APPLICATION FOR THE SCHEME FOR FINANCIAL ASSISTANCE FOR CAPACITY BUILDING AND TRAINING OF MUSEUM PROFESSIONALS

A. DETAILS OF THE MUSEUM/APPLICANT INSTITUTION:

| SI.No. | Item | Details |
|--------|---|---------|
| 1 | Name and complete postal address of the Museum / Institution / Society / Trust along with Telephone Nos. and Email | |
| 2. | Number & Date of Registration (Copy of Registration Certificate to be enclosed) | |
| 3. | Bank details (Name, Branch & Account No. with IFSC Code) | |
| 5. | Whether grant is required for a training programme/internship/fellowship/workshop | |
| 6. | Type of Museum: If the museum is a Government museum or a non-governmental museum. | |
| 7. | Details of museum collection: Please enclose detailed list showing the number and details of artifacts (sculptures, paintings, coins, manuscripts etc.), galleries and storage facilities for reserve collections | |
| 8. | Website address of the museum if applicable | |
| 9. | Visitor numbers at the museum per year for the past 3 years | |
| 10. | Rates of Admission Fee, if any and Visiting Hours. Annual Income from sale of tickets. | |
| 11. | Museum Organizational Structure and details of staff employed. | |
| 12. | Visitor Facilities at the Museum such as café/shop/parking/public programmes etc. | |
| 13. | Museum up-gradation plan/vision for the museum for next 5 years. | |
| 14. | Item-wise Annual Budget and Expenditure and annual reports of last 3 years and current year. | |
| 15. | Annual Income of the organization and Sources of Income. | |

^{*}Enclose separate sheets wherever required

B. DETAILS OF THE TRAINING PROGRAMME/ INTERNSHIP/FELLOWSHIP/WORKSHOP

| SI. No | Item | Details |
|--------|--|---------|
| 1. | Name of proposed training programme/internship/fellowship/workshop | |
| 2. | Name and complete address of International Institution/museum/s with which collaboration is proposed | |
| 3. | Specific area of study | |
| 4. | Total Estimated Cost for the training programme with clear break ups regarding | |
| | a) Training Fee b) Domestic and International Travel c) Domestic and international lodging and Boarding Costs for the participant for the period of training programme d) Visa/Permit Fee, if applicable e) Travel and medical insurance for the purpose of this training programme f) Books/training material costs g) Training stationary and teaching aids h) Any other (Attach separate enclosure if necessary) | |
| 5. | Training Duration a. Proposed commencement date b. Completion date | |
| 6. | Details of own funds equivalent to 10% of the estimated cost of the training to be used for the project and source | |
| 7. | Whether an arrangement has already been made with the international institution for such training. Provide document of proof to this end. | |
| 8. | Details of Grants given by the Ministry of Culture on any previous occasion (PI give scheme wise details of any previous grant availed by the Organization from the Ministry of Culture including a grant for capacity building and training programme. | |
| 9. | How will the museum benefit from training the candidate under the proposed training programme. (Attach separate enclosure) | |

C. DETAILS OF THE CANDIDATE BEING NOMINATED FOR TRAINING

(Separate forms for all candidates are to be sent.)

| SI.No | Item | Details |
|-------|--|---------|
| 1. | Full Name of candidate | |
| 2. | Full residential address, phone number and email id | |
| 3. | Date of Birth | |
| 4. | Educational Qualifications (add separate enclosure if necessary) | |
| 5. | Work experience(add separate enclosure if necessary) | |
| 6. | Number of years for which the candidate has worked at the applicant institution. | |
| 7. | Designation and responsibilities of the candidate in the applicant institution | |
| 8. | Suitability of the candidate for the proposed training | |
| 9. | If the candidate is not from a government organization then is there an arrangement by which the candidate will continue to work at the museum | |
| 10. | Statement of Purpose of the candidate for attending this training programme. | |

| Signature | Ωf | Authorized | Signatory | with Stamp |
|------------|-----|-------------------|-------------|-------------|
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| Date: | Place: |
|-------|--------|
| | |

^{*}Enclose separate sheets wherever required

LIST OF DOCUMENTS TO BE ATTACHED WITH THE PROJECT PROPOSAL

The following documents are required to be attached along with application failing which the proposal will not consider for the grant:

- 1. Registration Certificate of the museum/institution
- 2. Copy of the Memorandum of Association of the Institution
- 3. Copy of the Rules/by laws of the Society/Trust
- 4. Copies of the audited statement of accounts for the last three years
- 5. Annual Report/Activity Report for the last three years
- 6. Details of the proposed capacity building/training programme with complete budget estimates.
- 7. Full CV of the nominated candidate and copy of his/her passport duly attested by the candidate.
- 8. Statement duly signed by the Head of the institution on how will the museum benefit from training the candidate under the proposed training programme.
- 9. Details of other sources of funding the project
- 10. Letter of intent/invitation or acceptance letter from international institution willing to host the candidate for training
- 11. Authorization letter for sending grant directly into Bank(In the Performa
- 12. Enclosed).
- 13. Certificate as per rule 209(1) GFR 2005 (In the Performa enclosed).

CERTIFICATE AS PER RULE 209 (1) OF GFR 2005

| lt | is | certified | that | | | | | | | |
|------|-----------|-------------|---------------|-------------|--------|------|-------------|-------|-----|-------|
| | | | | (naı | me | of | organizat | tion) | has | not |
| obta | ined or | applied for | grants for th | e same p | ourpo | se | or activity | from | any | other |
| Mini | stry or D | epartment o | f the Governm | ent of Indi | a or S | Stat | e Governm | ent. | | |
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