

National Council for Promotion of Sindhi Language
Application for Financial Assistance for Publication (A)

The Director
National Council for Promotion of Sindhi Language,
West Block VIII, Wing No.7, 1st floor,
R.K.Puram, New Delhi-110066

Sir,

I submit herewith an application for manuscript under the scheme of **"Financial Assistance for Publication of Manuscript"**. Details are as follow:

1. Name of the applicant with full address :
(Attached a copy of Bio-data in case of individual)
2. a) Name of the author /title /language/ Script :
(in case of Descriptive catalogues of manuscripts,
give full details of the Manuscript with thematic classification)
b) Number of volumes the book is :
proposed to be published
c) If a multi-volume publication, indicate :
the volume number(s) for which financial
assistance is sought
d) Number of pages the Manuscript is proposed to :
be published
3. Thematic content of the proposed publication :
4. First addition or re-print with date of :
Publication of first addition
5. Status of the applicant :
(Author/editor/translator/publisher)
6. Position of copyright of the proposed publication:
7. Total estimated expenditure(500 copies) :
With item-wise break-up
8. Amount of Financial Assistance required :
9. Value of the assets of the organization/institution:
with break-up.

10. Details of assistance received during the last five years from the Central/State govt./public authority and other Council. :
11. Whether a request for financial assistance has been made to the Council/Govt. of India earlier. If so, with indicates results. :
12. Brief description of the activities of the applicant organization. :
13. List of papers/statements to be attached (in duplicate) :
14. Latest annual report to be enclosed :
15. Audited accounts with certified balance sheet :
16. Two copies of manuscripts :
17. I/We certify that a master copy of the manuscript (for a new Publication)/old edition (for a proposed reprint) is available with the applicant.

Station: Signature

Date : Name (in capitals).....

Designation.....

Address.....

Email/Contact No.....

Office Seal.....

UNDERTAKING / DECLARATION:

I The undersigned hereby declare to abide by the applicability of the modified terms and conditions of this scheme as and when decided, if any, by the authorized concerned committee(s).

Signature:.....

Incomplete application will be rejected

Note: The application form to be forwarded duly recommended by the concerned State/UTs Govts. with its recommendations.