



राष्ट्रीय सिंधी भाषा विकास परिषद
راشٽريہ سنڌي ٻاشا وکاس پریشد

National Council for Promotion of Sindhi Language
(An Autonomous Organization under Ministry of Education)

Office: West Block-VIII, Wing no-7, First Floor, RK Puram, Sector-I, New Delhi-110066

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E-mail: dirncpsl.edu@nic.in, Website: www.ncpsl.gov.in

NCPST-NTICE

The Council invites proposals along with estimate of expenditure from the registered Voluntary organizations /Academic Institutions on prescribed format (**Teacher Training Workshop**) available at www.ncpsl.gov.in to conduct 03 days Teacher Training workshop/ programme for candidate having following educational qualification as per SLLC scheme.

- Participants must be S.S.C./H.S.C, Graduates with Sindhi as a subject.
- 10th passed candidates who possessed the Advanced diploma course from NCPST will also be eligible to attend the workshop.
- Retired Sindhi teachers may be considered for this workshop.
- A teacher of another subject, who has knowledge of Sindhi language, may attend this workshop.

On the basis of estimate to be submitted with the proposal, NCPST will issue sanction for reimbursement the expenditure incurred as financial assistance restricted to monetary limit as per NCPST norms for each three days training programme after successful completion of training workshop under the expenditure head (1) booking of Hall (2) Stationary, banners, certificate (3) photography (4) Sound and light system (5) Tea /Lunch/ Refreshments (6) Honorarium to Experts @ Rs. 2000/- and local conveyance of Rs. 1000/- per day each (Two experts per day will conduct workshop of 04 session in a day) on the following terms and conditions.

Terms and condition: -

- The NGO should have registration on NITI AYOQ N.G.O Portal, article of associations, bye-laws, audited statement of accounts, source and pattern of income and expenditure
- No advance payment will be made for organizing any activity/ event/ workshop.
- There are certain limitation of programmes in consideration of the availability of funds, Sanctioning authority will have discretion to considered and not considered any proposal without assigning any reason.
- Direct application from any individual will not be considered.
- Funds sanctioned so will neither be utilized for any purpose other than the purpose for which it has been sanctioned nor diverted to another institution/ organization.
- NCPST will reimburse the expenditure in shape of Financial Assistance after completion of workshop/programme, directly to the organization successfully conducted the workshop/programme through PFMS on receipt of utilization certificate from Chartered Accountant supported by original bills in case of voluntary organization and utilization certificate duly signed by principal in case of school, college/ Educational Institution.
- To ensure proper branding of NCPST name & logo on workshop banner.
- Incomplete proposal or if not received on prescribed format will not be considered.
- The interested Organizations/ Educational Institution may submit their proposal through email: ncpsl.sllc2324@gmail.com only on or before **14-06-2024 at 5.30 pm.**

Prof. (Dr.) Ravi Prakash Tekchandani
Director

Dated-30.05.2024



National Council for Promotion of Sindhi Language

Ministry of Education, Govt. of India

West Block-VIII, wing No.-7 R.K Puram sec- 1, New Delhi-110066

Tel: 011-26180104-07, 20863699

Email: ncpsl.delhi@gmail.com, dirncpsl.edu@nic.in

Application/ Proposal form of Financial Assistance to Voluntary organizations/ Educational Institutions For conducting Teachers Training Workshop/Programme

To,
The Director,
National Council for Promotion of Sindhi Language
West block - VIII, Wing No. -07, First Floor
Sector – 01, R.K Puram
New Delhi – 110066

Sir,

(i) I submit herewith an application/proposal for a grant **Teachers Training Workshop/Programme.**

(ii) I certify that I am competent to sue and be sued in the name of the applicant voluntary organization in accordance with the registered Memorandum of Association of the Voluntary Organization.

(iii) I further certify that I have read the provisions & conditions of Assistance of the above-mentioned Scheme and that I undertake to abide by them. Details are as follow:

1. Name of the applicant with full address

(Attach a copy of Bio-data in case of scholar)

2. Topic of Workshop

3. Proposed date and Venue

4. No. and list of participants

5. Estimated Expenditure in consideration of participants to attend

i) Booking of Hall (Size to be mentioned)

ii) Stationary, banners, certificate

iii) Photography restricted to essentiality

iv) Sound and light system

v) Tea /Lunch/ Refreshments in consideration of participants

vi) Honorarium to Experts @ Rs. 2000/- and local conveyance of Rs. 1000/-per day each (Two expert per day will conduct workshop/programme of 04 session in a day) as mentioned in Advertisement.

6. Amount of Financial Assistance required

7. Bank Account No. indicating Name of The Bank,
Branch Code No. and IFSC Code of the branch.

8. Whether the financial Assistance Received
in the last financial year from NCPSL. If yes,
details may be furnished

Year	Topic

Note: Direct Application from any individual will not be considered.

For Voluntary Organization/ Educational Institution

1. Name of Educational Institution
/Panchayat/NGO/VO/Society/Trust with complete Address
2. Name of Chief Executive/
Functionary with Tel.No./Mob.
/Fax/E-mail
3. Date of establishment of organization /
Educational Institution working/runs:
4. Registration No. with Date and
year and act in with registered
(enclosed a copy of registration certificate
also)
5. Nature of Organization: - Govt./
Non-Govt.
(Govt. organization not need to submit NGO
portal no.)
6. Unique ID No. of NGO as generated in
<http://ngodarpan.gov.in> or any other document/
reference like to support in token of proof
(Enclose a copy of Unique ID Number)

Undertaking:

It is certified that the above information's are true to the best of my knowledge and belief. If any information furnished by me is found false at any time, I will be responsible for the same and any decision taken by the NCPSL will be acceptable to me.

(Signature)

- Name (in Capital)
- E-mail
- Phone/Mob
- Office Seal

- ❖ Please read NORMS carefully before filling the form. Incomplete Application form will not be considered/ accepted.

Note: Direct Application from any individual will not be considered.