

## Application for Financial Assistance for Publication

**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 :  
(in case of Descriptive catalogues of manuscripts,  
give full details of the Mss 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 Mss 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. Audit accounts with certified balance sheet :
16. Two copies of manuscript :
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.