

National Council for Promotion of Sindhi Language

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/ 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.