

भारतीय भाषा संस्थान

(मानव संसाधन विकास मंत्रालय, उच्च शिक्षा विभाग, भारत सरकार) मानसगंगोत्री, मैसूर - ५७०००६

CENTRAL INSTITUTE OF INDIAN LANGUAGES

(Ministry of Human Resource Development, Dept. of Higher Education, Govt. of India)

Manasagangotri, Mysore - 570 006

SCHEME OF FINANCIAL ASSISTANCE FOR BULK PURCHASE OF BOOKS IN INDIAN LANGUAGES (other than English, Hindi, Sanskrit, Sindhi and Urdu)

APPLICATION FORM

AFFIX A
PASSPORT SIZE
PHOTOGRAPH
HERE

*Please read the instructions carefully before filling up the application

1.	(a) Name & address of the applicant for communication (in capitals only)	:	
			PIN
	Telephone No. (with STD Code)	:	
	(b) Permanent address of the applicant	t :	
	(in capitals only)		
			PIN
	Telephone No. (with STD Code)	:	
	Mobile No.	:	
	E-mail address	:	
2.		:	
	translator of the book? (b) If the book is a translation, who is	:	
	the original author		

3.	Is the applicant a copyright holder?	:	YES / NO
	(If copyright is held with someone other than the author, furnish an affidavit on a stamp pape of `20/- from the copyright holder authorizing the applicant to sell the book)	er	
4.	(a)Title of the Book (in Roman letters)	:	
	(b) In Regional script	:	
5.	(a) No. of Volumes	:	
	(b) Size of book	:	
	(c) No. of pages	:	
6.	Language in which the book is written	:	
7.	Theme-content of the book	:	
8.	Name of the Author	:	
9.	Year of Publication	:	
10	. Is the book an original work or	:	
	translation?		
11	. If the book is a translation,		
	indicate the source language	:	
12	. If the book is a reprint/revised		
	edition, indicate the year(s) of		
	previous edition(s)	:	
13	.Total cost of production of the book	:	Rs
14	. Number of copies printed		
15	. Price of the book	:	Ordinary Bound Rs
			Hard Bound
16	. Whether you have availed the Scheme	e ea	arlier?: YES / NO
	If yes Title and Year of Purchase	: .	

17		Details of Applicant's Savings Bank Acco (a) Name of the Account holder : (as in Bank Pass book)	unt:	•••••											
	(b	(b) Account No. (13 digits only)													
	(c	(c) Name and Address of the Bank :													
	(0	(d) Branch Name and Code No.													
	(€	(e) IFS Code :									Ī				
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		agree to a discount of 25% on the price of										-			
2.		further understand that the Central Ins pplication without assigning any reason th			ndia	n La	angu	ıage	es, I	Myso	ore i	may	reje	ect r	ny
3.	I further declare that all the information furnished by me in the application form is true to the best of my knowledge and I will refund the amount in full to the Government of India if any of the information furnished by me is found to be wrong by the granting agency at any point of time.														
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Da	Date :			Signature											
		Name (in capitals	s) :												
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		Three (3) Complimentary copies of the bo	ok.												
☐ Synopsis of the book.															
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The filled in application form should be sent to

GRANT-IN-AID SECTION

Central Institute of Indian Languages

Manasagangotri, Mysore – 570 006