

8. Name of the Editor(s) : _____

9. Name of the Publisher (s) : _____

10. Address of the Editorial office : _____

PIN							
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Telephone No./ Fax No.(with STD code): _____

11. Price per copy of the little magazine : _____

Annual subscription : _____

12. Is this the first time the applicant applying for this grant? : _____

If not, mention the date & year of previous application or grant(s) _____

13. Number of copies of each issue being printed (Tick one):

500 – 1000 1001 – 1500 1501 - 2000 2001 – 3000

3001 & above

Date : _____ Yours faithfully,

Place: _____ Signature

Name (in capitals) : _____

Designation & Office seal : _____
 (if the applicant is a representative of an organization)

Specimen Signature : i) _____

ii) _____

The filled in application form shall be sent to:

GRANT-IN-AID SECTION CENTRAL INSTITUTE OF INDIAN LANGUAGES MANASAGANGOTRI, MYSORE – 570 006
