**PROPOSAL FOR IFCAM RESEARCH WORKSHOP**

**INTRUCTIONS TO APPLICANTS**

1. IFCAM will consider and support research workshops (to be held in India) between scientists / institutions in India and scientists / institutions in France. Proposals can be made in any area of applied mathematics (interpreted broadly to include applications in science and engineering provided they have a non-trivial mathematical content).

2. **Last date** for receipt of proposals at IFCAM is **June 28**, **2013**.

3. A proposal must be jointly submitted by one Principal Organizer in India and one Principal Organizer in France. The two Principal organizers shall be responsible for the organization of the workshop, **which has to be held in India**.

4. IFCAM can be the host institution of the workshop. In case where the host institution is not IFCAM, resources from IFCAM allocated to the workshop will be transferred to the host institution.

**IMPORTANT**

Proposals should be submitted by email to ifcam@math.iisc.ernet.in as a pdf document. In addition one complete set should be submitted as a hard copy (complete paper set)

The proposal should contain the following items in the same order:

1. Workshop identification.
2. Detailed workshop Description
3. A precise budget estimate including the list of expected resources and the list of expenses
4. Annexure: Biodata of each of the two Principal Collaborators containing, *inter alia,* academic qualifications & research experience along with a list of not more than 10 most significant publications during the last five years.

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# IFCAM WORKSHOP IDENTIFICATION

**PROPOSAL N°:**

**(to be filled by IFCAM)**

**TITLE in English:**

**TITLE in French:**

**DATES and VENUE:**

**PRINCIPAL ORGANIZER (Indian): Name and Affiliation**

**PRINCIPAL ORGANIZER (French): Name and Affiliation**

# WORKSHOP DESCRIPTION and other Related Information

**A detailed description (in English) of the project should be organised within the eight following items with an overall length not exceeding 1000 words *(boxes will expand with increasing text length)***

**1. Objective** (please give concise scientific goal of the workshop)

**2. Organizing committee** (with names and affiliation)

**3. Scientific committee**

**4. Justification of the proposed workshop** (Need, importance, timeliness, motivation)

**5. Brief outline of the structure and format of the workshop, including the list of the main contributors**

**6. Number of expected participants from India and from France, with a preliminary list of participants if possible.**

**7. Expected resources to cover the expenses** (A precise justification with the total list of demands must be given. The expected resources must cover the total estimated expenses. Indicate if the expected resources from a given institution will be used for specific expenses)

**Resources expected from IFCAM**

**Resources expected from Indian Institutions**

**Resources expected from French Institutions**

**8. Cost estimate.**

**Organisational expenses**

**Conference material**

**Tea/Coffee/Lunch/Dinner**

**Hotel or accommodation charges**

**Travel expenses**

**Other living expenses supported by the budget**

**ANNEXURE: Organizers**

**300. Principal organizer from India** (Please attach biodata and list of not more than ***10*** *MOST* relevant publications in the last five years. In particular, include joint publications with the French collaborator(s), if applicable)

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| --- | --- |
| 301. | Name and Designation |
| 302. | Sex | Male |  | Female |  |  |
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| 303. | Date of Birth |  |  |  |  |  |  |  |  |  |  |
|  | (Date) | (Month) | (Year ) |
|  |  |
|  |  |
| 304. | Name of the Institution |
| 305. | Name and Designation of theHead of the Institution |
| 306. | Address :– Institution |
|  | Telephone No. : |
|  | Fax No. : |
|  | e-mail :– |
| 307. | Address :– Residential |
|  | Telephone No. : |
|  | Fax No. : |
|  | e-mail:– |

**350. Principal organizer from France** (Please attach biodata and list of not more than ***10*** *MOST* relevant publications in the last five years. In particular, include joint publications with the Indian collaborator(s), if applicable)

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| 351. | Name and Designation |
| 352. | Sex | Male |  | Female |  |  |
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| 353. | Date of Birth |  |  |  |  |  |  |  |  |  |  |
|  | (Date) | (Month) | (Year ) |
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|  |  |
| 354. | Name of the Institution |
| 355. | Name and Designation of theHead of the Institution |
| 356. | Address :– Institution |
|  | Telephone No. : |
|  | Fax No. : |
|  | e-mail :– |
| 357. | Address :– Residential |
|  | Telephone No. : |
|  | Fax No. : |
|  | e-mail:– |