PROFORMA – I

PROFORMA FOR SUBMISSION OF PROJECT PROPOSALS ON RESEARCH AND DEVELOPMENT, PROGRAMME SUPPORT
(To be filled by the applicant)

PART I: GENERAL INFORMATION
1. Name of the Institute/University/Organisation submitting the Project Proposal:

2. State: ........................................ 3. Status of the Institute:

(Please see Annexure-I)

4. Name and designation of the Executive Authority of the Institute/University forwarding the application:

5. Project Title: ..........................................................

(Please see Annexure-II)

6. Category of the Project (Please tick): R&D/ Programme Support

7. Specific Area (Please see Annexure - II):

8. Duration: ........................................ Years......................... Months

9. Total Cost (Rs.) ..................................................

10. Is the project Single Institutional or Multiple-Institutional (S/M)?:

11. If the project is multi-institutional, please furnish the following:

Name of Project Coordinator: .................................................................

Affiliation: ...............................................................................................

Address: ..................................................................................................

12. Scope of application indicating anticipated product and processes

13. Project Summary (Not to exceed one page. Please use separate sheet).
PART II: PARTICULARS OF INVESTIGATORS

(One or more co-investigators are preferred in every project. Inclusion of co-investigator(s) is mandatory for investigators retiring before completion of the project)

Principal Investigator:
14. Name: ..............................................................................................................................

Date of Birth: ................................................................. Sex (M/F): .....................................

Designation: ...........................................................................................................................

Department: ..........................................................................................................................

Institute/University: ............................................................................................................

Address: ...............................................................................................................................

.......................................................................................................................... PIN: ......................

Telephone: .................... Fax: ............................. E-mail: ............................................

Number of research projects being handled at present: ......................................................

Co-Investigator
15. Name: ..............................................................................................................................

Date of Birth : ................................................................. Sex (M/F) : .................................

Designation : ..........................................................................................................................

Department : ..........................................................................................................................

Institute/University: ............................................................................................................

Address : ...............................................................................................................................

.......................................................................................................................... PIN : ......................

Telephone : .................... Fax: ............................. E-mail: ............................................

Number of Research projects being handled at present: ......................................................

Co-Investigator
16. Name : ..............................................................................................................................

Date of Birth : ................................................................. Sex (M/F) : .................................

Designation : ..........................................................................................................................

Department : ..........................................................................................................................

Institute/University: ............................................................................................................

Address : ...............................................................................................................................

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Telephone : .................... Fax: ............................. E-mail: ............................................

Number of Research projects being handled at present: ......................................................

Note: Use separate page, if more investigators are involved
PART III: TECHNICAL DETAILS OF PROJECT
(Under the following heads on separate sheets)

16. Introduction (not to exceed 2 pages or 1000 words)
   16.1 Origin of the proposal
   16.2 (a) Rationale of the study supported by cited literature (b) Hypothesis (c) Key questions.
   16.5 Current status of research and development in the subject (both international and national status)
   16.6 The relevance and expected outcome of the proposed study
   16.7 Preliminary work done so far

17. Specific objectives (should be written in bulleted form, a short paragraph indicating the methods to be followed for achieving the objective and verifiable indicators of progress should follow each specific objective)

18. Work Plan: should not exceed 3-4 pages (the section can be divided according to the specific aims and under each specific aim, the following should be stated clearly as sub headings)
   18.1 Work plan (methodology/experimental design to accomplish the stated aim)
   18.2 Connectivity of the participating institutions and investigators (in case of multi-institutional projects only)
   18.3 Alternate strategies (if the proposed experimental design or method does not work what is the alternate strategy)

19. Timelines: (Please provide quantifiable outputs)

<table>
<thead>
<tr>
<th>Period of study</th>
<th>Achievable targets</th>
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<tbody>
<tr>
<td>6 Months</td>
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<td>12 Months</td>
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<td>18 Months</td>
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<td>24 Months</td>
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<td>30 Months</td>
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<td>36 Months</td>
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20. Name and address of 5 experts in the field

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<th>Sr.No.</th>
<th>Name</th>
<th>Designation</th>
<th>Address</th>
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PART IV: BUDGET PARTICULARS

Budget (In Rupees)
A. Non-Recurring (e.g. equipments, accessories, etc.)

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<thead>
<tr>
<th>S. No.</th>
<th>Item</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
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Sub-Total (A)

B. Recurring
B.1 Manpower (See guidelines at Annexure-III)

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<tr>
<th>S. No.</th>
<th>Position No.</th>
<th>Consolidated Emolument</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
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Sub-Total (B.1) =

B.2 Consumables

<table>
<thead>
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<th>S. No.</th>
<th>Item</th>
<th>Quantity</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
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Sub-Total (B.2) =

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<tr>
<th>Other items</th>
<th>Consolidated Emolument</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
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<tr>
<td>B.3 Travel</td>
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<td>B.4 Contingency</td>
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<td>B.5 Overhead (If applicable)</td>
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Sub-total of B (B.1+B.2+B.3+B.4+B.5)

Grand Total (A + B)

Note: Please give justification for each head and sub-head separately mentioned in the above table.
Financial Year: April - March
In case of multi-institutional project, the budget estimate to be given separately for each institution.
PART V : EXISTING FACILITIES
Resources and additional information

1. Laboratory:
   a. Manpower

   b. Equipments

2. Other resources such as clinical material, animal house facility, glass house. Experimental garden, pilot plant facility etc.
PART VI: DECLARATION/CERTIFICATION

It is certified that

a) the research work proposed in the scheme/project does not in any way duplicate the work already done or being carried out elsewhere on the subject.

b) the same project proposal has not been submitted to any other agency for financial support.

c) the emoluments for the manpower proposed are those admissible to persons of corresponding status employed in the institute/university or as per the Ministry of Science & Technology guidelines (Annexure-III)

d) necessary provision for the scheme/project will be made in the Institute/University/State budget in anticipation of the sanction of the scheme/project.

e) if the project involves the utilisation of genetically engineered organisms, we agree to submit an application through our Institutional Biosafety Committee. We also declare that while conducting experiments, the Biosafety Guidelines of the Department of Biotechnology would be followed in toto.

f) if the project involves pre-clinical/clinical trials/experiments/exchange of biological samples etc. we will ensure that ethical clearances and other clearances (as applicable on case by case basis) would be taken from concerned ethical Committees/Competent authorities and the same would be conveyed to the Department of Biotechnology before implementing the project.

g) it is agreed that any research outcome or intellectual property right(s) on the invention(s) will be joint property of the host institution and DBT, GOI.

h) we agree to accept the terms and conditions as enclosed in Annexure-IV. The same is signed and enclosed.

i) the institute/university agrees that the equipment, other basic facilities and such other administrative facilities as per terms and conditions of the grant will be extended to investigator(s) throughout the duration of the project.

j) the Institute assumes to undertake the financial and other management responsibilities of the project.

Signature of Project Coordinator
(applicable only for multi-institutional projects)
Date :

Signature of Executive Authority of Institute/University with seal
Date :

Signature of Principal Investigator :
Date :

Signature of Co-Investigator
Date :

Signature of Co-Investigator
Date :
PART VII: PROFORMA FOR BIOGRAPHICAL SKETCH OF INVESTIGATORS

Provide the following information for the key personnel in the order listed on PART II. Follow this format for each person. **DO NOT EXCEED THREE PAGES**

Name : ..............................................................................................................................

Designation : ....................................................................................................................

Department/Institute/University : ....................................................................................... 

Date of Birth : .................................. Sex (M/F) ........................................ SC/ST : .........

**Education** (Post-Graduation onwards & Professional Career)

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Institution Place</th>
<th>Degree Awarded</th>
<th>Year</th>
<th>Field of Study</th>
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A. **Position and Honors**

**Position and Employment** (Starting with the most recent employment)

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<th>Sl No.</th>
<th>Institution Place</th>
<th>Position</th>
<th>From (Date)</th>
<th>To (date)</th>
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**Honors/Awards**

**Professional Experience and Training relevant to the Project**
B. Publications (Numbers only) ...............  
Patents : ..................Others (Please specify) : .................................................................  

Selected peer-reviewed publications (Ten best publications in chronological order)
List maximum of five recent publications relevant to the proposed area of work.

C. Research Support

**Ongoing Research Projects**

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Title of Project</th>
<th>Funding Agency</th>
<th>Amount</th>
<th>Date of sanction and Duration</th>
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**Completed Research Projects** (State only major projects of last 3 years)

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<th>Sl No.</th>
<th>Title of Project</th>
<th>Funding Agency</th>
<th>Amount</th>
<th>Date of completion</th>
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Place : 
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Signature of Investigator