

Proposal Submission under ATGC Grant Call

Part I Basic Information

- Name of the Institution submitting the Proposal:
- Address:
 - Street
 - City
 - State: Pin Code
 - Phone (Landline) Fax:
 - Website
- Status of the Institution: Govt./Semi-govt./Private/NGO/Trust/Society
- Title of the Proposal:
- Relevant Area:
 - ❖ Drugs and Drug Discovery
 - ❖ Biotherapeutics and Regenerative Medicine
 - ❖ Vaccines
 - ❖ Clinical Trials
 - ❖ Devices & Diagnostics
 - ❖ Agriculture/Plant Sciences & Animal Biotechnology (including Aqua and Veterinary Sciences)
 - ❖ Industrial Biotechnology/Secondary Agriculture
 - ❖ Bioinformatics & Computational Biology
 - ❖ Clean Energy & Environmental Solutions
- Name of the Project Coordinator:
- Proposal Duration : Month(s) Max. of 24 months only
- Total Cost:
- Single/Multi-institutional:
- Scheme Component:
 - (1) Academic Lead Translation (ALT)
 - (2) Academic Industry Translational Research (AITR)
- Collaboration: Collaborator Details

Sl. No.	Collaborator Name	Collaborator Type Academia/Industry
1		
2		

Particulars of the Applicant

Project Coordinator Details

First Name

Last Name

Gender (Male/ Female)

Designation

Landline

Mobile

Email

Team Members

(i)

First Name

Last Name

Gender (Male/ Female)

Designation

Affiliation

Landline

Mobile

Email

(ii)

First Name

Last Name

Gender (Male/ Female)

Designation

Affiliation

Landline

Mobile

Email

Scientific Advisors or Mentors (If Any)

First Name

Last Name

Gender (Male/ Female)

Designation

Affiliation

Landline

Mobile

Email

Part II: Proposal Details

1. TRL Status **Current TRL**

Expected TRL

2. Proposal Summary

Provide a brief one paragraph overview of the proposal, i.e., the idea and the problem to be solved, rationale and brief project plan.

Please upload a concept note explaining the technology with necessary figures and diagrams.

3. Opportunity

What is the Potential societal and market impact? Provide details of the problem proposed to be solved.

4. Briefly state the objectives and the proposed approach

Describe how the proposed project addresses the problem. Clarify the current status of the innovation, nationally and internationally.

5. Novelty

Explain how the idea is innovative and how it is different from the existing products in the market or current state-of-the-art. Tabular representation of the difference between the idea and the other products in the market or competitive product which are under development will be appreciated. Concrete market data is encouraged.

6. Challenges or risks factors associated with the project

What are the challenges and risk factors envisaged that may affect this project?

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7. Status of the Work Accomplished

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8. Intellectual property

- i. Does the applicant or the applicant company own any IP related to this project. If yes, give details. Please mention the patent number, patent title and patent assignee.

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- ii. List of patents that appear to cover any part of the Technology of Interest or similar (and possibly overlapping) Technologies and thereby restrict the freedom to-operate in the Envisaged area.
(Please mention the patent number, patent title and patent assignee)

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- iii. If there are patents that are overlapping and may restrict FTO, does the applicant have the required license/s to practice these inventions for the purposes of the proposed project? Please provide license agreement details if any or provide information of the proposed next steps to obtain said license/s.

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9. Relevant references

10. MoU between Academia & the Company

Who will own the IP rights for Commercialization on completion of Study (Transfer of rights from Academia to Industry)

11. Anticipated Outcomes & Deliverables

12. Business Strategy/Future plan of Commercialization

What do you envision to be the key next step to making impact with this innovation (e.g., sponsored research support, licensing, venture financing? What is the time frame?

13 Regulatory/Ethical Clearances & Approvals

- | | | | | | | |
|------------------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|
| • DCGI Approval | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| • RCGM Approval | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| • GEAC Approval | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| • National Biodiversity Approval | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| • Pollution Control Board Approval | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| • Any Other Approval | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |

Any other Information Relevant to the Proposal

Proposal Objectives and Work Plan

Methodology/ Experimental Design

Objective	Detailed Work plan	Alternate Strategies
Objective 1	Method 1	Alternate 1
Objective 2	Method 2	Alternate 2

Objective Wise Activities and Timelines

Objective 1:

Activities	Month of start of activities	Month of end of Activities	Indicators of Progress	Role of Main Applicant	Role of the Collaborator
ACT 1			IP 1		
ACT 2			IP 2		
ACT 3			IP 3		

Objective 2:

Activities	Month of start of activities	Month of end of Activities	Indicators of Progress	Role of Main Applicant	Role of the Collaborator
ACT 1			IP 1		
ACT 2			IP 2		
ACT 3			IP 3		

Proposal Milestones

Objectives	Activities	Month of End of activity (In months)	Indicators of Progress	Select Milestones	TRL
Objective 1	ACT 1		IP 1		
	ACT 2		IP 2		
	ACT 3		IP 3		
Objective 2					
	ACT 4		IP 4		
	ACT 5		IP 5		

Part III: Budgetary Details

Details of Equipment Proposed

Equipment/ Accessories	Capacity	Quantity	Specific Requirement in the Project with Justification	Total Estimated Value (Rs. in Lakhs)

Human Resource

Position	No. of Positions	Qualifica tion	Experien ce (in years)	Duration for which to be hired (in months)	Role in the project	Propose d Monthl y Salary (Rs. in Lakhs)	Total Cost

Consumables Details

Items	Quantity	Units (e.g., g/ ml etc.)	Approximate Cost (Rs. in Lakhs)	Justification for the Requirement
Total Amount Required for Consumables:				

Justification for Other Recurring Heads

Other Cost (Rs. in Lakhs)	Justification

Total Budget**Non Recurring Cost (Rs. in Lakhs)**

Equipment/ Accessories	Total

Recurring Cost (Rs. in Lakhs)

Human Resource (A)	Consumable (B)	Other Heads (C)	Total (A+B+C)

Total Cost (Rs in Lakhs):**Account Holder Details**

Account Holder Name	Postal Address	Phone No	Email Id
University/Institution			

Bank Details

Account No.	Type	Bank Name	Branch Name	IFC Code	MICR Code	Phone No.
University						

Part IV: EXISTING FACILITIES**1. Laboratory:**

a. Human Resource:

b. Equipments:

c. Other resources such as clinical material, animal house facility, glass gourse, experimental:

Part V: Biodata of Investigators

Project Investigator Details:

I) Name:
Designation:
Department:
Institute:
Date Of Birth:
Sex:
SC/ST:

II) Education Details:

S. no.	Institution Place	Degree Awarded	Year	Field of Study
1				
2				
3				

III) Employment Details:

S. no.	Institution Place	Position	From (Date)	To (date)
1				
2				
3				

IV) Honors/Awards:

Sl. No.	Reader	No.	Description
1.			
2.			

V) Publications:

Sl. No.	Reader	No.
1.		
2.		

Uploaded additional information

Publication Details:

Uploaded list of Publication in the peer review Journal of impact factor 1 and above

S. no.	Title of Paper	Author	Reference of journal	Year
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VI) Project(s) submitted/being pursued/carried out by Investigator:

- (a) Ongoing
- (b) Completed in last three years
- (c) Submitted

S. no.	Title of Project	Funding Agency	From Date - To Date	Current Status of Project (Role)	No. of Scientists	Approved Cost
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VII) Professional Experience and Training relevant to the Project:

DECLARATION