



सत्यमेव जयते

**Government of India**  
**Ministry of Science & Technology**  
**Department of Biotechnology**

**Letter of Intent**  
**for**  
**Research Grant Opportunity**  
**(2022-2023)**  
**under**  
**Biotechnology Career Advancement and Reorientation**  
**(BioCARE) Programme**  
**For Women Scientists**  
**(Unemployed/Not in Regular employment)**

## **Registration Part-I**

### **Details Required**

- 1. Name:**
- 2. Mobile:**
- 3. Email id:**
- 4. Password Regn.:**
- 5. Name of the Institute:**
- 6. Captcha:**

### **Registration No. Generation**

## GENERAL INFORMATION

### Research in Biotechnology or Allied Areas

**SUBJECT CODE:** Please specify Subject Code (I-V):

Animal and Marine Biotechnology or allied areas	:	I
Bioengineering and Biomaterials or allied areas	:	II
Medical Biotechnology or allied areas	:	III
Environmental Biotechnology and Bioenergy or allied areas	:	IV
Plant and Agriculture Biotechnology or allied areas	:	V

Name (in Block Letters) :  
(Govt. issued any ID to be uploaded)

Husband/Father's name :

Date of Birth (Proof to be uploaded) : :

Postal address for correspondence :

Permanent address :

Whether belong to SC/ST/OBC/PH :  
(Attach copy of the relevant certificate)

Whether PH :  
(Attach copy of the relevant certificate)

Marital Status :

Current status (Unemployed/Contractual position :  
With Designation e.g. Research Associate etc.)

Academic record (from Graduation onwards) :

Sl.No.	Degree	Period of Study From-To	Board/University/Institute	Subject	Marks (%) / CG PA

10. Scholarships, Medals, Fellowships, Awards, Distinctions or Honors received during your University/academic career: YES/NO

If, YES (then details in 30 words)

11. Whether passed any National level examinations like NET-CSIR/NET-UGC/GATE/DBT-JRF/ /ICAR-JRF/IIT-JAM, etc. YES/NO

(If yes, indicate the name of the examination, year and grade)

12. Number of years of Research Experience if any:

13. Professional/employment record YES/NO. (if yes, in chronological order)

Sl.No.	Name of the Post	Period From-To	Name of the Employer	Remarks

14. Provide details of demonstrable research experience (*e.g. publications, dissertations, patents, books, chapters etc.*)

(In Numbers- separately for Publications, Dissertations, Patents)

15. Title of Ph.D. thesis and name of Supervisor (if you are holding PhD Degree otherwise write NA)

16. Details of break in career after highest qualification, if any (*gap period in years*)

(No. of Years)

17. Name of Scientist(s) (maximum three) with their respective Institutions in the country who are working in the proposed area of research

<b>Sl.No.</b>	<b>Name of Scientist</b>	<b>Name of the Institute</b>	<b>Area of Research</b>	<b>Remarks</b>

18. Are you getting or availed fellowship/scholarship through any other scheme. YES/NO  
If yes, please provide details (details in 30 words)
19. Any other relevant information  
(details in 50 words )

## BRIEF ABOUT THE PROPOSAL (BioCARE)

### TO BE FILED IN

Title of the Project :

Broad subject area (*as given in Subject Code*) :

Area of specialization :

Total cost of the project :

Name & Address of the Organisation/Institute where project is proposed to be implemented:

**Summary of the proposal** : Please do not exceed the word limit provided against each subheading

- (i) Brief Description on the Research Problem, need for the Study and the approach targeted to address the problem : (50 Words)
- (ii) Novelty/Uniqueness of the proposed study : (30 Words)
- (iii) National and International status: (*By others as well as applicant if any. Not more than 40 words*)
- (iv) Hypothesis for the research focus : (30 Words)
- (v) Objectives : (75 Words)
- (vi) Brief Description of Work plan and Methodology: (60 words)
- (viii) Brief description on the technical expertise that supports the work plan and methodology : (30 Words)

**Expected deliverables/outcome and its Significance with respect to the state-of-the-art in the field** (50 words)

- (i) Name, address of the mentor and institution and bio-data of the scientist-mentor (*including last 5 year's publications in cited journals*) with whom the proposed R&D study will be executed. (Fill in Annexure-II)

(ii) Mention *Specific contribution of Mentor that would enable you to achieve the objectives committed.* (Details in 15 words)

Facilities in terms of laboratory, equipment, etc. to be made available to the candidate by the host institution for pursuing the above studies

(Details in 50 words)

Details of research funding received by the **mentor** in last 5 years or applied for (*mention reference no., title, duration, cost, funding agency and brief achievements*)

Sl.No.	Project Title with Ref. no.	Name of the Funding Agency	Duration & Cost	Role as PI/Co-PI	Achievements

Details of research funding applied for by the **Candidate** (Title, Agency, duration, cost, objectives). ***Please note that in case selected, this BioCARE project would be your first extramural research Grant sanctioned as PI. In Case you have received funding for Research grant from any other agency, you are not eligible to apply. Please go through the guidelines carefully.***

Sl.No.	Project Title with Reg. no.	Name of the Funding Agency whom have applied to	Duration & Cost	Role as PI/Co-PI

**Incomplete application in any respect is liable to be rejected**

**Annexure-I**

(to be uploaded) (Max. 1MB)

**Information regarding Achievements of the Applicant**

1. Publication/Patent/Chapter/Book/Dissertation list

Title	Authors	Details	Year	Remarks

**Annexure-II**

(TO BE UPLOADED)

**Brief of the Mentor**

1. Area of Specialization
2. Peer reviewed Publications list

Title of Paper	Authors	Journal Details	Pages	Year etc.

3. Patent list, if any.
4. Position & Honours

## **DECLARATION BY THE CANDIDATE**

I have gone through the guidelines, rules and conditions of the BioCARE program and if selected, I agree to abide by them. The particulars given in the form are correct and I am prepared to present myself for submission of full and detailed proposal, presentation/discussion, if called upon to do so.

I also hereby declare that mentor or any other officer from the Institute is not related to me in any way.

Date:

Signature of the Candidate

Place:

Signature and stamp of the Mentor

Signature and stamp of Head of the Institute

**DECLARATION: I hereby declare that the information is true and best to my knowledge. My candidature is liable to be rejected if any information found false later.**

**NO CHANGE WILL BE ALLOWED AFTER SUBMISSION OF THE APPLICATION.**

## **SUBMISSION OF APPLICATION**

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