**RESEARCH GRANT APPLICATION**

**Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PARTICULARS ABOUT THE APPLICANT**

1. **Name in Full: Dr. /Mr. Mrs. / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Circle appropriate title)*

i). Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment: Regular Contract (1-3 Years) Contract (6 Month)

ii). Date of Retirement from University Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iii). Name of Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iv). Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_

v). E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Duration since the applicant working in the field of proposed research or a related field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. Number of research students trained or being trained in the fields related to proposed research.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | BS (4-Years) | M.A./ M.Sc. | MS / M.Phil | Ph.D. |
| Completed |  |  |  |  |
| Ongoing |  |  |  |  |

4. Detail of Internal Funded Research Project grant already availed (If any)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Complete/In-Process)**

**Declaration of the Applicant:**

I solemnly declare that the proposed research project is not based on Student Synopsis and that project completion report along with duly audited adjustment of funds shall be submitted to the University within stipulated period.

***Signature of the Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**B. ATTESTATION BY:**

**1. Head of Department /Head of Department**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp:

**C. DETAILS OF RESEARCH BUDGET**

**\*Total Funds Requested (Rs.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Summary of the Budget** *(with full justification)*

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Item** | **Amount (Rs.)** |
|  | **Consumable Supplies** |  |
|  | **Field work** |  |
|  | **Research Assistant (if required)** @ Rs.10,000/- to Rs.15,000/- per month (up to 4 months) |  |
|  | **Contingencies (**up to 10% of the allocated grant**)** |  |
| **Total:** | |  |

**2. Consumable Supplies**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Items with Specification** | **Amount (Rs.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total:** | |  |

**Total grant allocated (Rs.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Only for Office Use)*

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***\**** *Total Funds request should not exceed to an amount of Rs 2, 50,000/- for Professor/Associate Professor, Rs. 2,00,000/- for Assistant Professor and Rs.1,50,000/- for Lecturer.*

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**D. Guidelines for Preparing Research Project**

**1. Exact Title:**

**2. Summary:**

**3. Introduction: (***not more than one page)*

**4. Background of the Proposed Research Project:** *(not more than 3 pages and should be fully endorsed by the relevant Literature)*

**5. Justification / Rational of the Project:**

**6. Proposed Objectives, Research Questions, Research Hypotheses:**

**7. Method:** *(Describe briefly)*

**8. Proposed Analysis:**

**9. References:**