Sample Application Form

(May be used for preparing the information before filling the Online Application)

COLLABORATIVE RESEARCH SCHEME (CRS) Under TEQIP Proforma Cum Evaluation Sheet

1.1	Institute Details			
(a)	Institute AICTE Permanent ID No.			
(b)	Name of the Institute			
(c)	Type of the Institute			
(d)	Contact details/Address of Institution			
(e)	Email			
(f)	FAX			
(g)	Telephone			
(h)	PAN detail			

1.2	Bank Details		
(a)	Name of the Bank		
(b)	Branch Name		
(c)	Bank Branch Address (With PIN)		
(d)	Name of the Account Holder		
(e)	Type of the Account	Current Account	Saving Account
(f)	Account Number		
(g)	Confirm Account Number		
(h)	IFSC Code		
(i)	Confirm IFSC Code		
(j)	Bank MICR Code		

1.3	Details of the Principal Investigat	tor (PI)
(a)	TEQIP Faculty ID	
(b)	Name of the PI	
(c)	Department	

(d)	Appointment Type	Regular	Temporary	Adhoc
(e)	Contact details	Address	Cell no	Email
(f)	Whether any other ongoing	Yes/No	Project Details ((if any)
	Sponsored project by the PI			

1.3.1	Details of the Collaborative - Principal Investigator 1 (Co – PI 1)							
One pr	referably a regular faculty of Host TI	EQIP institute t	to which	the PI belor	ngs shall be Co-			
PI-1								
(a)	TEQIP/AICTE Faculty ID							
(b)	Name of the Co-PI							
(c)	Name of the Institution							
(d)	Department /Industry Sector							
(e)	Appointment Type	Regular	Tem	iporary	Adhoc			
(f)	Contact Details	Address	Cell	! no				
(g)	PG	Yes/No		Area of spe	cialization			
(h)	Ph. D	Yes/No		Area of specialization				
(i)	Teaching Experience in years							
(j)	Research & Industrial							
	Experience in years							
(k)	Number of Publications	National Joi	ırnal	Internation	nal Journal			
	in last 3 years (National /							
	International journals)							
(1)	Number of Patents Registered			-1				
(m)	Number of Ph D students Guided							

1.3.2	Details of the Collaborative - Princip	al Investigator CO-PI (2,3,4)			
CO – I	CO – PI 2 from any TEQIP Institute/IIT/NIT				
CO – I	PI 3,4 from any TEQIP Institute/IIT/N	IT/Industry/Abroad Faculty			
(a)	(a) TEQIP/AICTE Faculty ID				
(b)	Name of the Co-PI				

(c)	Name of the Institution/ Organization				
(d)	Department /Industry Sector				
(e)	Appointment Type	Regular	Temp	porary	Adhoc
(f)	Contact Details	Address	Cell	no	Email
(g)	PG	Yes/No		Area of sp	ecialization
(h)	Ph. D	Yes/No		Area of sp	ecialization
(i)	Teaching Experience in years				
(j)	Research & Industrial				
	Experience in years				
(k)	Number of Publications	National Jour	rnal	Internatio	onal Journal
	in last 3 years (National /				
	International journals)				
(1)	Number of Patents Registered			•	
(m)	Number of Ph D students Guided				

1.4	Details of the CRS Proposal	
(a)	Title of the Project proposal	
(b)	Area of the Proposal	1.Energy
		2. Environment
		3. Climate Change & Sustainable Habitat
		4.Healthcare
		5. Information & Communication
		Technology
		6.Materials (Advanced)
		7.Nanatechnology Hardware
		8.Manufacturing
		9.Security and defense
		10.Water Resources
(c)	Name of the Lab where the research would be	
	conducted	
(d)	The Department under which the lab is	
	established	

1.5	Academic credentials of Principal Investigator (PI)							
	Parameter/ Criteria	Input by Institute	Input by Institute	Max. Marks	Marks Awarded by the System	Marks Awarded by the Experts		
(a)	Ph. D	Select Yes/No		10				
(b)	Teaching Experience in years	<i>Enter</i> Years		2				
(c)	Research & Industrial Experience in years	Enter Years		2				
(d)	Number of Publications in last 3 years (National journals)	Enter Number		4				
(e)	Number of Publications in last 3 years (International journals)	Enter Number		2				
(f)	Number of Patents Registered	Enter Number		5				
(g)	Membership of the Professional / Learned bodies/ Societies	Select Yes/No		5				
(h)	Awards (State)	Select Yes/No		2				
(i)	Awards (National)	Select Yes/No		2				
(j)	Awards (International)	Select Yes/No		1				
		Sub Total		35				

1.6	Credentials of Institute						
	Parameter/ Criteria	Input by Institute	Input by Institute	Max. Marks	Marks Awarded by the System	Marks Awarded by the Experts	
(a)	Research projects completed in last 5 years	Enter Number		5			
(b)	Consultancy Research projects completed in last 5 yrs	Enter Number		5			
(c)	Number of Courses Accredited in the Institutes	Enter Number		5			

(d)	Whether the UG/PG course under which the proposal is submitted, is accredited by NBA?	Enter Yes/No	5	
		Sub Total	20	

1.7	Justifica	tion of the project:							
(a)	Facilities	Facilities/ equipment available in the Department in the area of proposed research							
	S.No.	Name of equipment	Make a	nd model	Cost in Rs.	Year p	purchased		
	Paramete	er / Criteria		Input by	Institute	Max.	Marks		
					Marks	Awarded by			
(a)	Objectives and Relevance of the Research				10				
	project								
(b)	Research status of the Proposal			National	International				
	(National	(National or International)				-			
(c)	Expected	outcome				5			
(d)	Research	Methodology				10			
(e)	Technica	l novelty and utility				10			
(f)	Possible patentability of the research					10	_		
	outcome								
	Sub Tota	Sub Total							
	Grand T	otal				100			

1.8	Non-Recurring Budget							
(a)	S.No.	Proposed equipment/s	Specifications	Number of units	Estimated Cost in Rs.	Experts Recommendation (If proposal is recommended)		
						Yes/ No	Number of Units	Amount in Rs.
		Total(NON R	ECURRING) Bu	dget		Total amou	nt.	Rs.ABC
		Estimate				recommend		Ko.ADC

1.9		Recurring Budget					
(a)				Estimated	Experts Recommendation		
	S.No.	Components	Specifications Cost In Rs.	Yes/ No	Amount in Rs.		
	1	Domestic Travel					
	2	Consumables					
	3	Contingencies					
	4	Miscellaneous					
		Total (RECURRING) Budget Estimate			Total amount recommended by experts	Rs.PQR	
1.10		Total Recommended Amount = Rs.ABC + Rs.PQR					

11	Attachments (In PDF format)
(a)	Mandate Form
(b)	Certificate by the Head of Institution for the proposal.
(c)	Brief of Research Proposal containing project activities, schedule/timeline, relevance of Collaboration, industrial & social outcomes etc. (not more than 500 words)
(d)	Equipment List
(e)	Bio Data of Co-PIs (1,2,3,4)

All India Council for Technical Education

Nelson Mandela Marg, Vasant Kunj, New Delhi-110070

Mandate Form for Institute/College/University/Other Organizations

1	Name of the Beneficiary Institute	
2	Permanent ID of the Institute, if any	
3	Head of the Institute (Tick One)	Director /Registrar / Principal / Others (Pl. Specify
4	Type of Institute (Tick One)	Govt. / Govt. aided/ Self Finance / Private etc.
5	Address of the Institute	
6	PAN. No. of the Institute	
7	GST No. of the Institute	
8	E-mail ID of the Head of the Institute	
9	Name of the Bank	
10	Branch Name and Branch Code	
11	Address of the Bank with PIN Code	
12	Telephone No. of the Bank	
13	Name of the Account Holder with Designation	
14	Account Type (Tick One)	Savings / Current
15	Account Number	
16	Bank Branch IFSC Code	
17	Bank Branch MICR Code	
18	Whether the Account is in the Name of Beneficiary Institute (Tick One)	Yes /No
19	Whether the Account is Operational (Tick One)	Yes/ No
20	Whether the account is a No-Frill Account(Tick One)	Yes /No
21	Whether the Account is Joint Account(if yes give details)	Yes/ No

It is declared that all information provided above are true and complete in all respects.

Signature of the Account Holder with Designation Or Authorized Signatory With Institute Seal Certified that the above details are verified on (date)...... (Banker's Signature with Seal)

Date : _____

(This certificate should be printed on the official letterhead of the Host Institute)

Letter No. -

Date- dd-mm-yyyy

Certificate of Collaboration

A certificate of collaboration for the research <**Name of the research**> between the **Principal Investigator** <**Name of PI**> of the Host institute/industry sector <**Name of Institute**>.

We the following PIs wish to work on this project. We agree to work in harmony and hereby understand that the project needs to be completed in the time-bound manner.

01	Co- Principal Investigator-1	<name co-pi-1="" of=""></name>	<name institute="" of="" the=""></name>
02	Co- Principal Investigator-2	<name co-pi-2="" of=""></name>	<name institute="" of="" the=""></name>
03	Co- Principal Investigator-3	<name co-pi-3="" of=""></name>	<name institute="" of="" the=""></name>
04	Co- Principal Investigator-4	<name co-pi-4="" of=""></name>	<name institute="" of="" the=""></name>

Under the collaborative research scheme- TEQIP III for the proposal of the grant, complying with the guidelines of AICTE and TEQIP.

Signature of Head of the Host Institute

Host Institute Seal

Collaborative Research Scheme

Required Equipment List

Name of the Host Institute:

S.No.	Proposed equipment/s	Specifications equipment/s	Number of units required	Cost of single unit	Justification of the Equipment	Estimated Cost in Rs.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature of the Applicant

1	Name				
2	Date of birth				
3	Mobile Number				
4	E-mail Address				
5	Postal Address				
6	Whether the Co- PI is working in				
	Institute/Industry				
7	Institute / Industry Currently Working			~	
8	Whether faculty working or	Working		Superannuated	1
9	superannuated (Tick One)				
9	Name of the Stream/Department				
10	Academic credentials	PG Qualification (Degree) Ph.D. (Yes/No)			
11	No. of Ph.Ds. Guided				
12	Experience (Yrs.)	Teaching	Research	Industrial	Total
13	Membership of Professional Bodies				
14	Publications	Thesis	Book	Journa	s
17	1 ublications	1110313/	DOOK	Journa	15
15	Conferences/Seminars Attended				
16	Patents (if any) (Nos.)				
	· · · · · ·				
17	Other (awards if any)				
10	A nu other information				
18	Any other information				
1	1	1			

Bio Data of Co – Principal Investigator

Declaration

I_____ hereby declare that the details provided above are true and best of my knowledge.

Signature of the Co-PI