Application for Research Support

Reference No: 19-6/BMSSA/2019-20/Research/

**Name of the PI Co-PIs (if any)**

Contact Number Contact Number:

Email.id: Email.id:

**Faculty Peer Team (if any)**

**Date of Application:**

**PROJECT TITLE:**

**PROJECT DURATION (YEAR /MONTH):**

**ABSTRACT:** (250 WORDS)

**KEY WORDS:**

**BACKGROUND AND RELEVANCE (maximum 1 page):**

**RESEARCH OBJECTIVES:**

**PRIOR PUBLICATIONS/ WORK EXPERIENCE IN THE AREA (350 words):**

**RESEARCH DESIGN/ METHODOLOGY:**

**ROLES/RESPONSIBILITIES OF ALL INVESTIGATORS:**

**DELIVERABLES OF THE PROJECT (500 words):**

**Time Schedule of activities giving milestones through BAR diagram**

|  |  **Activity** |  **Ist Year**  |
| --- | --- | --- |
|  |  | 2 | 4 | 6 | 8 | 10 | 12 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

**INDICATE THE INSTITUTIONAL SUPPORT REQUESTED (specify details)**

|  |
| --- |
|  |
| Description | No | Months | Unit | **Total in Rs** |
| (**a) Equipment**  |
|  |  |   |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **(d) Travel** |
|  |   |   |   |  |
| **(e) Books/ Journals/ E-resources** |
|  |  |  |  |  |
|   |   |  |  |
|   **(f) Others (Leave/ Reduced Teaching Hours, stationary, printing etc.)** |
|  |   |   |   |  |
|
| **GRAND TOTAL** |  |
|  |  |

**COMPONENT WISE JUSTIFICATION OF THE COST OF THE PROJECT:**

**BIBLIOGRAPHY:**

**PI/ Co-PIs (if any)**

**Names Signatures Email Addresses**

1.
2.

**Recommendations of APDC**

1. **Name Sign Comment**
2. **Name Sign Comment**
3. **Name Sign Comment**

**APPROVED AMMENDMENTS SUGGESTED REJECTED**

**(Y/N) (Y/N) (Y/N)**

**Recommendations of the Director**

**APPROVED AMMENDMENTS SUGGESTED REJECTED**

**(Y/N) (Y/N) (Y/N)**

**Signature**

**Date**

**Comments**