



SAMPLE COPY OF PROJECT
PROPOSAL FOR PREVIEW
ONLY

Project Evaluation Parameters

- Is the project proposal addressing an IMPORTANT problem?
- Novelty [Is the proposal testing a new idea on an existing problem; Has such work been accomplished before in another system]
- Originality and Creative thinking [Is the work a repetition of earlier work? Is it an innovative approach to find solution to an old problem]
- Relevance of the project to North-East India [How can the outcome from the project benefit the North-East?]
- Feasibility of the project [Can the project fail? What are the chances it will succeed.]
- Project Execution plan [Has the PI taken into account potential areas of trouble shooting? Will the proposed plan work and yield results?]
- Can the project be executed in the given timeframe?
- Importance of the project to the Indian Society [How will the common man benefit from the outcome of the project?]

Submit proposal online through WEB portal

PROFORMA FOR APPLICATION

Discipline: Biological sciences / Healthcare engineering

Category: Early Career / Sunrise / Eureka

DETAILS OF PRINCIPAL INVESTIGATOR

1. Name of the Principal Investigator (PI) in full:
2. Name of the Institute:
3. Department / Division:
4. Address:
5. Email ID:
6. Contact number:
7. Date of Birth:
8. Highest academic qualification:
9. Experience (as on last submission date of application): (years)
(months)
10. Details of employment and nature of duties.

Organization's name and address	Position held	Date (from)	Date (to)	Employer	Nature of job

11. Details of R and D projects handled if any (completed and on-going):

S. No	Title	Cost in Lakhs of Rupees	Duration	Role as PI/Co-PI	Funding agency
1					

12. Research experience – (Details of research work in not more than 200 words may be given, highlighting the applicant's own contributions. Indicate, the institution where the work was carried out.)

13. List of publications (if any): Manuscripts under preparation should not be included. Complete details of the publications should be provided in the following table:

(a) Published papers:						
S. No.	Title	Authors	Journal/Book name	Year	Volume	Page no.
i. in peer reviewed journals:						
ii. book chapters:						
iii. books:						
(b) Papers accepted for publication:						
(c) Papers accepted for presentation at forthcoming conferences:						

13A. Details of Co -PI (*add ADDITIONAL Co-PI if needed*)

- i. Name of the Principal Investigator (PI) in full:
- ii. Name of the Institute:
- iii. Department / Division:
- iv. Address:
- v. Email ID:
- vi. Contact number:
- vii. Date of Birth:

14. **Details of the project proposed:**

- Project Title (150 characters):
- Summary (250 words):
- Current status (National and International, 200 words):
- Statement of the problem (100 words):
- Specific Objectives:
- The importance of the project (100 words):
- Expected outcome of the project (100 words):
- Detailed plan of action to achieve the objectives (1500 words): Option to upload a PDF file (< 5 MB) must be available instead of TEXT.
- Budget requirements.
PI: Rs.
Co-PI (other than IITG): Rs.
Co-PI (from IITG, not more than 15%): Rs.....

Budget (In Rupees)

DBT Rules must be followed for making purchases or hiring manpower. Co-PI will get CONSUMABLES, CONTINGENCY and TRAVEL only.

A. Non-Recurring (Maximum Rs. 2,00,000 only for PI)

Sl. No.	Item	Justification	Year 1	Year 2	Total

Sub-Total (A)

B. Recurring

B.1 Manpower (Maximum of ONE allowed per PI) JRF (project asst. /asst. eng./lab asst. as per IITG rules)

	Position	Justification	Year 1	Year 2	Year 3 (6 months)	Total
1.						

Sub-Total (B.1) =

B.2 Consumables

			Year 1	Year 2	Year 3	Total
PI:						
Co-PI (IITG):						
Co-PI other than IITG (if any)						

Sub-Total (B.2) =

Justification:

Other items	Justification	Year 1	Year 2	Year 3	Total
B.3 Travel:					
PI:					
Co-PI, IITG:					
Co-PI other than IITG (if any)					
B.4 Contingency:					
(PI)					
(Co-PI, IITG)					
Co-PI other than IITG (if any)					
B.5 Institute Overhead (If applicable, at a maximum of 10%)					
Sub-total of B (B.1+B.2+B.3+B.4+B.5)					

C. Instrument Maintenance and Data Handling Charges for NECBH, IIT Guwahati					15% of total budget
Grand Total (A + B + C)					

Note : Please give justification for each head and sub-head separately mentioned in the above table.

Financial Year : April - March

In case of multi-institutional project, the budget estimate to be given separately for each institution.

15. List of facilities being extended by PI parent institution for the project implementation

15.1 Infrastructural Facilities

Sr. No.	Infrastructural Facility	Yes/No/ Not required <i>Full or sharing basis</i>
1.	Workshop Facility	
2.	Water &Electricity	
3.	Laboratory Space/ Furniture	
4.	Power Generator	
5.	AC Room or AC	
6.	Telecommunication including e-mail &fax	
7.	Transportation	
8.	Administrative/ Secretarial support	
9.	Information facilities like Internet/Library	
10.	Computational facilities	
11.	Amphitheatre/Glass House	
12.	Any other special facility being provided	

15.2 Equipment available with the Institute/ Group/ Department/Other Institutes required for the project:

Equipment available with	Generic Name of Equipment	Model, Make & year of purchase	Remarks including accessories available and current usage of equipment
PI & his group:			
PI's Department:			
Co-PI Group:			
Co-PI Department:			
Group of Co-PI other than IITG (if any):			

16. Contribution of Co-PI from IIT Guwahati for the project (250 words).
Contribution of other Co-PI if needed.

17. Name and contact details of THREE persons who can review the PROPOSAL. (in Tabular format if possible). Reviewer cannot be assigned from PI or Co-PI's INSTITUTE.

Name of the expert 1:

Department:

Institute/University

E-mail:

Telephone:

Area of Specialization(s):

Name of the expert 2:

Department:

Institute/University

E-mail:

Telephone:

Area of Specialization(s):

Name of the expert 3:

Department:

Institute/University

E-mail:

Telephone:

Area of Specialization(s):

18. Declaration from the PI (in the following format): Scanned copy to be uploaded.

Certificate from the Investigator

Project Title:

It is certified that

1. The same project proposal, in any form, has not been submitted elsewhere for financial support.

2. We/I agree to submit a certificate from Institutional Biosafety Committee, if the project involves the utilization of genetically engineered organisms. We/I also declare that while conducting experiments, the Biosafety Guidelines of Department of Biotechnology, Department of Health Research, GOI would be followed in toto.

3. We/I agree to submit ethical clearance certificate from the concerned ethical committee, if the project involves field trials/experiments/exchange of specimens, human & animal materials etc.

4. The research work proposed in the scheme/project does not in any way duplicate the work already done or being carried out elsewhere on the subject.

5. We/I agree to abide by the terms and conditions of DBT grant.

6. All financial documents such as Utilization Certificate (UC)/ Statement of Expenditure (SE)/Asset Required etc. will be submitted as per the time schedule.

7. The financial support will be duly acknowledged in all publications/patent that may arise from this grant support.

Name and signature of Principal Investigator:

Date:

Place:

Declaration from Co-Investigator (to be done from respective Co-PI module)

Name and signature of Co-PI (IITG):

Date:

Place:

Declaration from Co-Investigator (to be done from respective Co-PI module)

Name and signature of Co-PI (s) (other than IITG, if any):

Date:

Place:

19. Upload the **ENDORSEMENT** from the Head of the organization/institution/ university (in the following format). **(Needed for PI and Co-PI).**

This is to certify that Mr./Ms./Dr./Prof. _____ is having a regular position in our organization/institution/university. This organization/institution/ university agree to undertake the financial and other management responsibilities for the part of the project work which will be conducted in our organization.

The details of the Finance Officer of the Institute who is authorized to receive the grant on behalf of the Institute including Bank account details, IFSC code are given below:

Date:

Place:

Name and signature

of the Head of the organization/institution/university
