FORMAT FOR SUBMISSION OF PROPOSAL Institutional Research Project PART – A

Broad	Su	hi	ect
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Area of Specialization

Principal Investigator

- i. Name:
- iii. Sex: M/F
- iii. Date of Birth:
- iv. Highest Qualification:

Address:

Designation:

Date of Appointment

Nature of Appointment:

Department/Faculty:

Institution:

Teaching and Research Experience of Principal Investigator

a. Teaching experience: Years

b. Research experience: Years

- c. Year of award of Doctoral degree:
- d. Title of thesis for doctoral degree:

Publication:

Papers Published:

Accepted:

Communicated:

Books as Author Published:

Edited Books Published:

(Please enclose the list of papers and books published and/or accepted during last five years)



PART – B Proposed Research Work

- Project Title
- Introduction
- Origin of the research problem
- Interdisciplinary relevance
- Review of Research and Development in the Subject: "
- Significance of the study
- Objectives
- Methodology
- Year wise Plan of work and targets to be achieve.

Estimated Budget

- Books & Journals
- Field Work and Travel
- Chemicals and glassware
- Contingency (including special needs)
- Equipment, if needed (please specify name and approx. cost)
- Total:

Whether the teacher has received support for the research project from the UGC under Major, Minor, scheme of support for research or from any agency? If so, please indicate:

- a. Name of the agency from which the assistance was approved
- b. Sanction letter No. and date under which the assistance was approved
- c. Amount approved and utilized
- d. Title of the project for which assistance was approved
- e. In case the project was completed, whether the work on the project has been published f. If the candidate was working for the doctoral degree, whether the thesis was submitted and accepted by the University for the award of degree.

This is to certify that:

I/we shall complete the project within the stipulated period. If I/we fail to do so and if the College is not satisfied with the progress of the research project, the College may terminate the project and ask for the refund of the amount received by me/us.

The above Research Project is not funded by any other agency.

Signature of the Applicant	, , ,	
Name:	Designation	Date:
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Signature of the Chairperson of IQAC:	Name:	Date:
Signature of the Principal	Date:	

