**Format for Application for Research Support to Faculty Members**

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| **Name** |  |  | |
| **Department** |  |  | |
| **Designation** |  |  | |
| **E-mail** |  |  | |
| **Mobile Number** |  |  | |
| **Date of Birth** |  |  | |
| **Date of Joining** |  |  | |
| **Details of PhD Degree** | | | |
| **Title of Thesis** |  |  | |
| **University** |  |  | |
| **Status (Submitted/ Completed)** |  |  | |
| **Year of Degree (Date of Submission for “Submitted” category)** |  |  | |
| **Title of Proposed Research** |  |  | |
| **Objectives (in bulleted form)** |  |  | |
| **Summary of Proposed Research (Maximum 200 words)** | | | |
|  | | | |
| **Outline of Procedure to be followed highlighting specific items to be covered by TEQIP –III support (Maximum 1000 words)** | | | |
|  | | | |
| **Timeline of Project** | | | |
|  | | | |
| **Financial Requirements** | | | |
| |  |  |  | | --- | --- | --- | | **Head** | **Details** | **Cost** | | **Consumables** |  |  | | **Testing Fees** |  |  | | **Short Term Lab Visit/ Industry Visit related to Project Work** |  |  | | **Contingency** |  |  | | **Total** |  |  | | | | |
| **How the proposed support will help to enhance research output of the applicant in terms of publications and/or supervision of student project/thesis (200 words maximum)** | | | |
|  | | | |
| **How the proposed research will benefit postgraduate and/or undergraduate education in applicant’s department (200 words maximum)** | | | |
|  | | | |
| **How the proposed research will help to secure sponsored projects and/or research support from external agencies (200 words maximum)** | | | |
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| **Declaration by the Applicant** | | | |
| 1. No financial support has been received or sought from other sources for the same items listed above. 2. I agree to submit a detailed completion report for the above project by March 30, 2020 3. I agree to acknowledge financial support from TEQIP-III in all publications and presentations resulting from the project 4. In the event of my resigning from the present post or a prolonged absence exceeding six weeks, I agree to submit an updated status report before I am relieved. | | | |
| **Date:** |  | **Signature of Applicant**  **Seal:** | |
| **Endorsement from Head of Department** | | | |
| 1. Certified that the Department welcomes participation of **<Name of Faculty Member>** as in the project titled **<Title of Project>** 2. The Department will provide space and basic facilities to the investigator for undertaking the research project. 3. In the event of the applicant resigning from the present post or proceeding on a prolonged absence exceeding six weeks, the department will ensure that the applicant submits an updated status report before he/she is relieved. | | | |
| **Date:** | | | **Signature of Head of Department**  **Seal:** |