**PROFORMA APPLICATION**

**FOR RESEARCH SUPPORT FROM UNIVERSITY RESEARCH FUND**

<table>
<thead>
<tr>
<th>Total Cost:</th>
<th>Rs.</th>
<th>Nature of Project:</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand period:</td>
<td>(Tick one)</td>
<td>Applied</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Title of the Project:**
2. **Name of the teacher (enclose bio-data on a separate sheet):**
3. **Department:**
4. **Whether guiding M.Phil. or Ph.D. students:** Yes  No.
5. **If yes, How many?**
   - M.Phil.
   - Ph.D.
   (a): Attach a brief statement, introducing the project highlighting the work already done, the work required to be done, the work proposed to be done, the plan of work, the methods to be used, the experimental design and hypotheses, if any.
   (b): List 1-3 most significant and recent publications of your own, if any.
   (c): List 1-5 most recent publications on the subject.

6. **Budget:**
   - **Budget head:**
     - **Tick one:**
     - **Amount:**

   (a): Expendables
     - (Electronic Components/ computer accessories) Rs.

   (b): Small laboratory equipment:
     - Repair of equipment, Laboratory supplies. Rs.

   (c): Stationery: Rs.

   (d): Typing, duplicating, acquisition of reprints and research materials. Rs.

   (e): Contractual services (employment of technical personnel for a period of not exceeding 3-months). Rs.

   **Total:** Rs.

**DECLARATION**

I undertake to complete the project before accepting any other assignment and abide by the Rules and Instructions of the Vice-Chancellor issued from time to time.

Dated: ____________________

Signature of the applicant
( Name & Designation)
(FOR OFFICE USE ONLY)

(a) Recommendation of the Referees:

(1):

(2):

(b) Placed before the Board of Advanced Studies and Research on --------------.

(c) Approved: Not approved: Referred back for reconsideration:

(d) In case of (c) above, grant approved is Rs: ______________________

Signature of Dean, FNS

(INSTRUCTIONS FOR THE TREASURER’S OFFICE)

1. Kindly place a sum of Rs.____________________ at the disposal of
   Dr./Mr./Mrs./Miss______________________________ of the
   Department of________________________ for the project entitled

2. The amount allocated is to be operated as an imp rest account. An advance of
   Rs.5000/-may be allowed at one time. All expenditures to be authorized in
   accordance with the research fund rules.

3. Intimate the undersigned after taking necessary action.

Signature of the Dean

(Approved by the Syndicate in its meeting held on 28th July, 1979)