



Form 1.2 Application for Collaborative Research under TEQIP-III

SECTION: A

1. Details of the proposer:

Name: _____ Designation: _____

Department/Center: _____ E-mail Id: _____

Phone No: _____ Mobile No: _____

2. Nature of Collaborative Research:

Summer/Winter Internship for UG/PG student **(SWI)**
(for max 4 weeks)

Competitive UG/PG Project **(CP)**
(for max 1 year)

Joint PhD/MTech Guidance **(JG)**

Collaborative Research Project **(CRP)**
(for max 2 year)

3. Category of Participation:

Faculty Member Research Student

PG student (MTP/MSP) UG student (BTP)

(Note: Participants can only be from TEQIP III mapped institutes)

4. Name and complete address of the participant: _____

Phone No: _____ Mobile No: _____

E-mail Id: _____ Pin Code: _____

5. Proposed Duration: (Accommodation availability to be ascertained from HAB/ Estb. section before proposing the duration of collaborative research)

From: _____ to _____

SECTION: B

(This part may be jointly prepared by the faculty member from IITG and the participants from TEQIP III mapped institution.)

1. Title of the proposed project: _____

2. Keywords: _____



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- 3. Importance of the proposed project (not less than 200 words): _____

- 4. Review of R&D in the proposed area (not less than 400 words) : _____

- 5. Justification of the proposed project (not less than 300 words) : _____

- 6. Objective of the proposed project: _____

- 7. Detailed description of the project to be undertaken (not less than 400 words): _____

- 8. Implementation plan (not less than 500 words) (including detailed methodology and time schedule): _____
- 9. Outcome of the proposed project (not less than 100 words) (please specify in bulleted form): _____

- 10. Details of financial requirements (if CRP, please provide year-wise for maximum 2 years): _____

- 11. Justification of the financial requirements: _____

Note: Kindly attach consent letter from the participant dully forwarded by the TEQIP coordinator and Director of the participating TEQIP III institute.

Forwarded:

Signature of the proposer from IITG

Signature
 Name: _____
 Date: _____

Signature of Dept.-coordinator (DC)
 Name: _____
 Date: _____

Signature of HOD/HOC
 Name: _____
 Date: _____



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For use at KIT-TEQIP office

S. No.	Description	Signature (KIT-TEQIP office)
1.	a) <input type="checkbox"/> Checked and found to be in order. b) <input type="checkbox"/> Checked and found not to be in order hence send back to CC. c) Received on/...../.....at KIT-TEQIP office.	
2.	Put up to internal Review Committee on/...../.....	
3.	If approved, copy of approval sent to the Proposer, DC and a consolidated list of Department/Centre to HOD/HOC on/...../.....	

Recommendation of internal Review Committee

Approved Not approved

Signature of TEQIP Coordinator (Head CET)