# NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA



## PROFORMA FOR SUBMISSION OF PROJECT PROPOSAL FOR FACULTY START-UP GRANT

1.	Name of the Investigator:		

- 2. Designation with Date of Joining:
- 3. Name of the Department/Centre/School:
- 4. Project Title:
- 5. Project Summary (Not to exceed 200 words):
- 6. Technical details of the project:
  - 6.1. Introduction
  - 6.2. Background of the proposal
  - 6.3. Objectives
- 7. Keywords:
- 8. Work plan with time schedule
- 9. Total Cost of the Project:
- 10. Future goal that the work proposal herein will

lead to

- 11. Outcome of the Project
- 12. Relevance of the project for NIT Meghalaya

### **BUDGET PARTICULARS**

### A. Non-Recurring (e.g. Equipments, accessories, etc. with justification)

Sl. No.	Item	Year 1	Year 2	Total

1			
	•		

Sub-Total (A): Rs.

## **B. Recurring**

#### **B.1. Consumables**

Sl. No.	Item	Quantity	Year 1	Year 2	Total

### **B.2 Others**

Other items	Year 1	Year 2	Total		
B.2 Contingency					
Sub-total (B=B.1+B.2): Rs.					
Grand Total (A + B): Rs.					

Please attach your brief resume at the end (please use the given format)

## **Undertaking from the Investigator**

ı	l	hereby certify th	nat

- 1) The research work proposed herein does not duplicate work already done or being carried out elsewhere.
- 2) The same project has not been submitted to any other funding agency.
- 3) This project is not a routine continuation of my PhD work.

4) If the project involves field trails/experiments/exchange	of specimens, etc. involving human
subject, I will ensure that ethical clearance would be taken fro	om the Institute before implementing
the project.	
Date:	Signature of the Investigator
Date.	Signature of the investigator
Endorsement from the Head of the Departme	ent/Center/School
The Department/Center/School agrees that appropriate space	and existing basic facilities for the
proposed equipment/work will be provided to the investigator th	roughout the duration of the project.
Date:	Signature of the Head of the
	Department/Centre/School
	bepartment, dentile, believe
Resume of Applicant	
1) Personal Details	
Name:	
	1 (2.4.47)
Nationality: Date of Birth: Ge	nder (M/F):
Designation:	
Department/Center/School:	
Address:	
City, Pin	, State
Telephone:, Fax:	
Email:	
Address (Residence):	

2)	<b>Educational Qualifications</b>	(Starting	from Graduation	)
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Date:

SI. No.	Degree	University / Institute	Year	Subjects	Percentage

3)	a)Ph.D. thesis	title:				
	b)Guide Name	::				
	d) Date of Regi	istration:				
	e) Year of Awa	ırd:				
4)	a) Details of pr	rofessional trai	ning and resear	ch experience, s	pecifying period	•
	b) Details of er	mployment				
	c) List of public	cation during la	ast five years (v	vith complete de	etails such as Jou	ırnal name, all th
	author's name	e as appeared ir	the journal, v	olume number, p	oage numbers, ye	ear of publication
5)	Professional re	ecognition, awa	ırds, fellowship	s received:		
6)	Any other rele	vant information	on			

Signature of the Investigator