**Step 1: Basic Information**

* Name of The Organization

Select the organization name from the select box.

* Type of The Organization

Type from the select box.

* Title of Proposal

Write the brief name of proposal which is not exceeding 250 characters.

* Proposal Duration

Select the duration of the proposal.

* Relevant Category
* Facility for animal challenge studies 2) Immunogenicity lab (drop down)

**Step 2: Principal Key Investigator Details**

**Title**

**First Name Last Name**

**Designation DOB**

**Gender Male Female Highest Qua.**

**Email**

**Address1 Address2**

**Street/Village City/Town**

**Pin/Zip Code**

**State Country**

**Landline**

**Mobile**

**Please Upload Resume in Prescribed Format**

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

**Please Upload Organization Authorisation Letter in Prescribed Format (from Director/Dean/HoD) in case of institute**

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

\* Fill all the mandatory details for Primary key investigator details.

If you don’t want to save this form now. You save it next time with modification.

Save your form.

Cancel your form.

**Step 3: Partnerships (if any) (excluding outsourcing agency)**

**Organisation name**

**Title**

**First Name Last Name**

**Designation DOB**

**Gender Male Female Highest Qua.**

**Email**

**Address1 Address2**

**Street/Village City/Town**

**Pin/Zip Code**

**State Country**

**Mobile**

Step 3: Applicant Team Members

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Designation** | **Email** | **Landline** | **Mobile** | **Resume** | **Edit** |
| 1 | Test User | Officer | [ris@gmail.com](mailto:ris@gmail.com) | 011-24389600 | 9999999999 | View File | Edit |

The table data automatically added when you fill the form, which is appeared when you clicked on “Add New” button.

**Title**

**First Name**

**Last Name**

**Gender Male Female**

**Designation**

**Landline**

**Mobile**

**Email**

**Please Upload**

**Resume in Prescribed Format (**Click for the prescribed format**)**

Fill all the mandatory fields accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save your form.

Close the form.

**Step 4. Proposal Summary**

1. Goal/Aim of the Proposal (Maximum 100 Words)

2 Summary of the proposal (750 words)

3. Details of existing capacity, infrastructure and prior experience in vaccine development (*Please describe scope of the lab including list of high end and high throughput equipment*) (1500 words).Please upload.

4. Summarize the prior experience of adsorbing technology transfer and providing services. (1500 words).

5. Capabilities of data management and maintaining data confidentiality. (750 words).

6. Describe existing COVID assays/animal model. Turn Around Time (TAT) for conduct of 1000 assays/animal efficacy assessment of one vaccine candidate (1500 words).

**Step 5: Regulatory Details**

**DCGI Approval** Yes No

If you click on “Yes” the following field are appeared.

Upload

Browse DCGI Approval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**RCGM & GEAC Approval** Yes No

If you click on “Yes” the following field are appeared.

Upload

Browse RCGMApproval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**National Biodiversity Approval** Yes No

If you click on “Yes” the following field are appeared.

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Pollution Control Board Approval** Yes No

If you click on “Yes” the following field are appeared.

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Any other Approval** Yes No

If you click on “Yes” the following field are appeared.

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Step 6: Proposal Objective and Timelines**

\* Please indicate overlap of any objective funded by any other funding agency/ (ies). Kindly provide disclosure amendments.

\* Indicate how each objective is exempted for Service Tax, in case exemption is desired.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Methodology/Experimental Design Detailed Work Plan** | **Alternate Strategies** | **Process Indicator for Measuring Success** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Step 7: Objective Wise Activities & Timelines *(If there is no information available in activities, then kindly put NA (Not Applicable) in the boxes given***

***below***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please enter 1st Milestone under 2nd Objective :** | | | |
| **S. No** | **Milestone** | **Month of Start of Activity** | **Month of End of**  **Activity** |
| 1. |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please enter 2nd Milestone under 2nd Objective :** | | | |
| **S. No** | **Milestone** | **Month of Start of Activity** | **Month of End of Activity** |
| 2. |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please enter 3rd Milestone under 3rd Objective :** | | | |
| **S. No** | **Milestone** | **Month of Start of Activity** | **Month of End of Activity** |
| 3. |  |  |  |

**Step 8: Budget Details**

**Step 9: Additional Information (Please upload) Mandatory**

**Financial documents ( list to correspond with the type of Organisation )**

**Legal documents ( list to correspond with the type of Organisation )**

**Step 10: Final Submission**