## **PROFORMAS**

## **FOR**

## PROJECT SUBMISSION

(CRS SCHEME)



## Screen looks as follows after you Login





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Proposals | Site Visit | Reports & Orders | PMC | Help

## Click here to submit new proposal under Active Call for Proposal



Test Call for Proposal......

Last Date of Submission : 22 Dec 2012

Call for Proposals under BIPP......
 Last Date of Submission: 30 Nov 2012

Special Call for Proposals on Priority A......

Last Date of Submission : 15 Sep 2012

Call for Proposals under BIPP-23rd Batch......

Last Date of Submission : 01 Aug 2012

Special Call for Affordable Health Care

Special Call for Affordable Health Care

Last Date of Submission: 30 Jun 2012

Call for Proposals under BIPP......

Last Date of Submission: 31 Mar 2012

More..

Status Of Proposals Submitted

Proposal Submitted

• Under Consideration(ARP/TSC /Apex)

Revision Required .. —Additional Upload Required ..

■Ineligible (OR) Not Recommended Status Of Sanctioned Projects

Approved (OR)
 Recommended

0

0

0

0

0

Completed ProjectsForeclosed Projects

- Terminated Projects

**Project Monitoring** 

Progress Reports

0

0

0

0

0

Note:- History Of Proposals Submitted Earlier (If Any) Will Be Uploaded Shortly.

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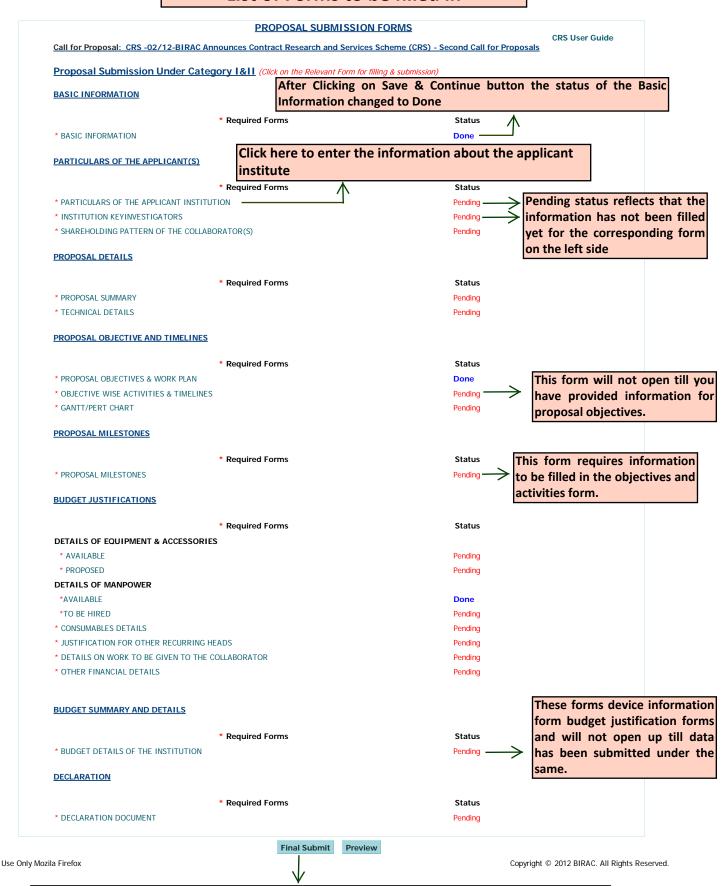
Important note to be kept in mind before clicking on Save and Continue Button. New Proposal Submission Under Call: : CRS -02/12-BIRAC Announces Contract Research and Services Scheme (CRS) - Second Call for Proposals **CRS User Guide Basic Information** Note: All fields on this page are non-editable, except the Title of Proposal. (i)Please do not put any space before Name Of The Institution JT the starting of the first word. Type Of The Institution / -----Select Institution Type---University (ii) Don't use the special characters \* Title Of Proposal inside the box in all the enclosed forms. Please provide a brief title not exceeding 250 characters. \* Proposal Duration Year(s) Select Year Month(s) Select Month \* Relevant Area --Select Relevant Area--Select appropriate relevant area as per the need of your proposal. \* No.Of Collaborators Select Enter Collaborator(s) Details I accept the Terms and Conditions Click here to read Terms & Conditions Reset Save and Continue Use Only Mozila Firefox Copyright © 2012 BIRAC, All Rights Reserved.

Once you click on Save and Continue Button, a list of all the forms which need to be filled in will be displayed (with status of each form). The default status for each form will be "Pending". You need to click on the form name to enter relevant information. The status turns into "draft" on clicking "save as draft" and into "done" once you save the form. Any form can be edited till you click the final submit button.



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## List of Forms to be filled in



To be clicked only after you have filled in all the forms and you are confident of the data filled in. Information cannot be edited once you click this button.



#### **INSTITUTION DETAILS**

Name of the Institution JI	
----------------------------	--

A 1.1	<u>tails</u>		
Address1:	Adrress1	Address2:	
Street/Village:		City/Town:	City
State:	UTTAR PRADESH	Country:	India
Pin / Zip Code:	208001	Landline:	91-45678-789456123
Fax:	91-456-789945666	Website:	www.testuser.com
Brief Backg	round Of The Institution		
*Year Of Establis	shment Of The Institution	(Eg:-2009)	
*Recognition or <i>i</i>	Accriditation Status	first word .	put any space before the starting of the especial characters inside all the boxes.
*Upload file		E	Browse
*R&D Activities (	(Area)		file.
Project Coo	ordinator Details		
*Title	Select		
*First Name		Last Name	
*Designation		*DOB	■ ■
	Male    Female	*DOB *Highest Qualification	■
*Designation	Male Female		
*Designation *Gender	Male    Female	*Highest Qualification	
*Designation *Gender *Email	Male Female	*Highest Qualification *Address1	
*Designation *Gender *Email Address2	Male Female Select State	*Highest Qualification  *Address1  *Street/Village	India
*Designation *Gender *Email Address2 *City/Town		*Highest Qualification *Address1 *Street/Village Pin / Zip Code	
*Designation *Gender  *Email Address2 *City/Town *State  Landline		*Highest Qualification  *Address1  *Street/Village  Pin / Zip Code  *Country	
*Designation *Gender *Email Address2 *City/Town *State Landline *Please Upload	Select State Select State  Resume In Prescribed Format	*Highest Qualification  *Address1  *Street/Village  Pin / Zip Code  *Country  Mobile	India
*Designation *Gender *Email Address2 *City/Town *State  Landline *Please Upload *Please Upload e as Draft signi	Select State  Resume In Prescribed Format Institution's Authorisation Letter For  ifies that this whole I in draft mode and user	*Highest Qualification  *Address1  *Street/Village Pin / Zip Code  *Country  Mobile  Browse  Submission Of Proposal In Prescribed Form	India  Browse  tails and signed copy to be uploaded in the pdf forma
*Designation *Gender *Email Address2 *City/Town *State  Landline *Please Upload *Please Upload e as Draft signincan be saved	Select State Select State  I Resume In Prescribed Format  Institution's Authorisation Letter For  ifies that this whole I in draft mode and user trails later.	*Highest Qualification  *Address1  *Street/Village Pin / Zip Code  *Country  Mobile  Browse  Submission Of Proposal In Prescribed Form  Note:Please download to fill the det	India  Browse  Reset button basically reset all the information filled above.

Save button will replace by Update button.

(iii) After clicking on Save button, both Save as Draft and

### **Biotechnology Industry Research Assistance Council** A Government of India Enterprise After pressing Save as Draft or Save button click on close button to store the information. **INSTITUTION KEY INVESTIGATORS** Press Add New button to enter key investigator details. Add New Close S.NO Designation Landline Name **Email** Mobile Resume Edit No records found. Click on edit button in order to edit the information **Key Investigator Details** \*Title Select \*First Name Last Name Gender Male Female \*Designation \* Landline \* Mobile \*Please upload resume in **Prescribed** Format Browse... Save as Draft Save Cancel Draft signifies Click here to go back

above has been filled properly.

will replace by Update button.

(i)Before pressing Save button ensure that all the details asked asked

(ii) User can also edit the information after pressing the Save button.
(iii) After clicking on Save button, both Save as Draft and Save button

information has been stored in draft mode and user can also fill the

details later.



#### SHAREHOLDING PATTERN OF THE COMPANY COLLABORATOR(S)

Please enter only the numeric values in all boxes.

	Collab1		Com	<u>ipany</u>	DUXES.
S.No	Category of shareholder	N	umber of shareholders	Total number	of shares
Share	holding of promoter & Promoter Group				
India	n				
1. a)	Indian Citizen				
b)	Indian Company				
2)	NRI holding Indian Passport (Does not include OCI/PIO)				
	Total		0	0	
Public	: Shareholding				
Foreig	gn	_			
1)	Foreign - NRI (OCI/PIO)				
2.a)	Foreign - Individual				
b)	Foreign - Company				
	Total		0	0	
	Grand Total		0	0	
*If Inc	lian Company is one of the Shareholders	(	Yes No		

Note: If an Indian Company is one of the Shareholders in the present company then the shareholding pattern of such company has to be provided separately in the same format as mentioned above and uploaded as an additional information.

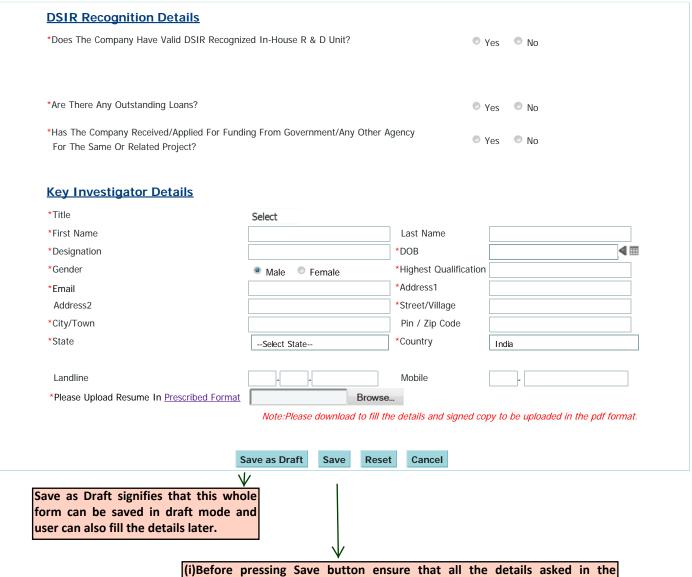
Save as Draft	Save	Reset	Cancel
---------------	------	-------	--------



#### **COLLABORATOR COMPANY DETAILS**

## **Company Contact Details**

Name of the Company	Collab1
*Address1	
Address2	
Street/Village	
*City/Town	
*Country	Select Country
*State	Select State
Pin / Zip Code	
Landline	(+)
Mobile	(+) -
Fax	(+)
Website (url)	
*E-mail	
Company's Activities	
*Year Of Establishment Of The Company	(Eg :-2009 )
*Manufacturing:	
*Trading / Import & Marketing:	
*R & D Activities:	
*Type Of The Company: (Please mark the relevant)	(i)Please upload the file. (ii) File should be in pdf format only.
Public Limited Private Limited	(ii) File Name should contain any space or special characters. (iii) PDF file size should not be greater than 2MB.
*Please Upload Company Registration Certificate	Browse
Please Upload Annual Report Of The Organization For T	
*Are The Shares Of The Company Held To The Extent C	,
*Promoters Background Including Association With Othe In Those Companies	
*Shareholding Pattern Of The Company Indicating Nam- Shareholders, Overseas Corporate Bodies And Shares	
*Shareholding Details	



- (ii) User can also edit the information after pressing the Save button.
- (iii) After clicking on Save button, both Save as Draft and Save button will be replace by Update button.

**Biotechnology Industry Research Assistance Council** A Government of India Enterprise After pressing Save as Draft or Save button click on close button to store the information. **COLLABORATOR KEY INVESTIGATORS** Press Add New button to enter collaborator key investigator details . Add New Close S.NO Collaborator Name Designation **Email** Landline Mobile Resume Edit No records found. Click on Edit button in order to edit the information **Key Investigator Details** \*Collaborator | Select \*Title Select \*First Name Last Name Gender Male Female \*Designation Landline Mobile \*Email \*Please Upload Resume In Prescribed Format Browse... Save as Draft Save Cancel Save Draft signifies information has been stored in draft mode and user can also fill the details later. (i)Before pressing Save button ensure that all the details asked asked above has been filled properly. (ii) User can also edit the information after pressing the Save button. (iii) After clicking on Save button, both Save as Draft and

Save button will be replace by Update button.



Please fill up the form with appropriate information.

	e Proposal Including Justification For Outsourcing The Study / Work
What Does The	Present Proposal Aim At?
Contract Research	Contract Service Both
(2.1) Please Provide De ndustry	tails Of The Proof Of Concept/Leads Generated By The Institution Which are to be Validated For The
(2.2) Please Provide Sei	vice Requirements Of The Institution



## **TECHNICAL DETAILS**

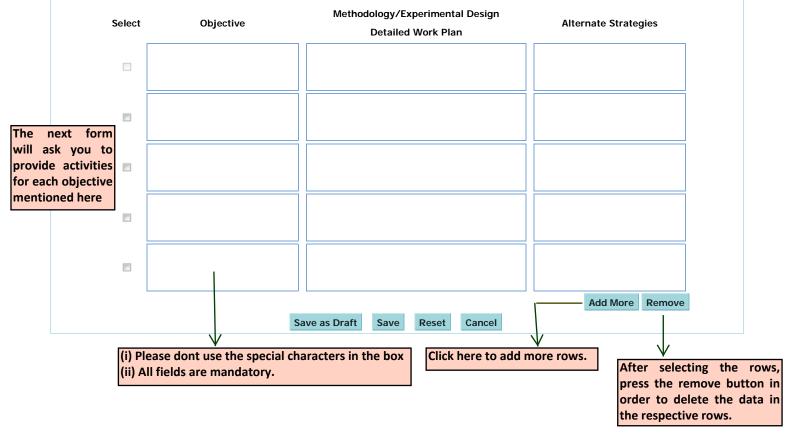
	Please enter	the required information	* Note: Please select and rei	move unused rows.
		* Note: All fields ar	re mandatory and should not	exceed 200 words.
1.Key Elements & Significance	e Of The Proposal		,	
2.Preliminary Data Available	Nith The Institue on the Rel	ated Work		
3.Relevant Publications and	Patent by the Investigator(s	) on related research		
*Upload Detail	Browse (Only Pdf ali	lowed)		
4.Competence Of The Collabo	orator in Terms Of Facilities	Available, Previous Experience	and Expertise in Similar R	esearch /
Services				
<ul><li>5.Is The Research / Service A</li><li>YES</li><li>NO</li></ul>	Agreement With The Collabo	rator(s) Signed?		
○ YES ◎ NO				
6.IP STATUS For The Leads D	eveloped By The Institution			
6.1 List Of Patents That Appe	oar To Cover Any Part Of The	Technology Of Interest Or Sim	silar (And Possibly Overla	oning)
Technologies And Thereby Re			mai (Milu Possibly Overla)	,hiid)
Select	Patent Number		Patent Title	
Select	ratent Number	]	ratent fille	
		ı l	Add	More Remove

6.3 List The Various Paten	ted Technologies / Processes / Products That Would Be Made Use Of For	
	· · · · · · · · · · · · · · · · · · ·	
_	cialization Of The Proposed Product / Process Along With The Status Of The Patents.	
_	ense For Use If Such A Patent Owned / Being Sought For By The Company?	
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_	ense For Use If Such A Patent Owned / Being Sought For By The Company?	
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_	ense For Use If Such A Patent Owned / Being Sought For By The Company?	



#### **PROPOSAL OBJECTIVES & WORK PLAN**

Note: Please select and remove unused rows.



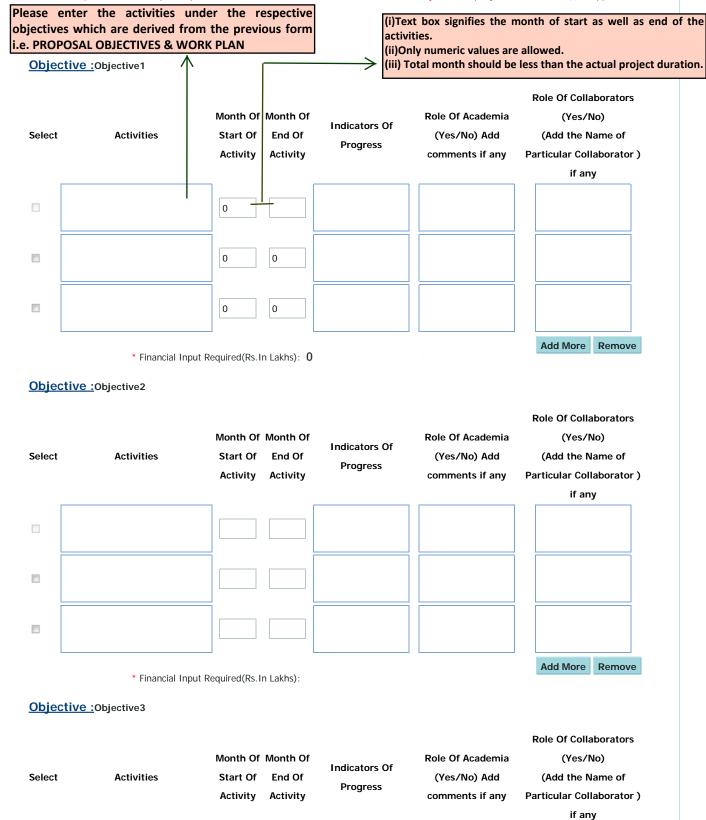
## **Biotechnology Industry Research Assistance Council**

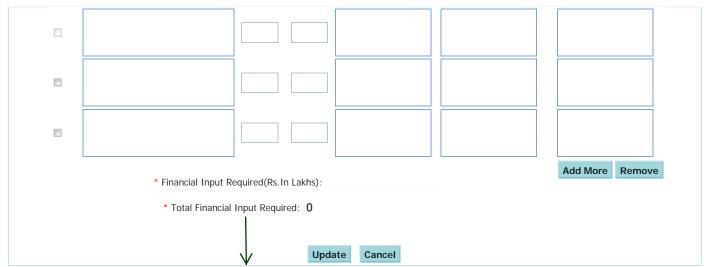
A Government of India Enterprise



#### **OBJECTIVE WISE ACTIVITIES & TIMELINES**

Note: The Proposed Financial Input Required Should Take Into Consideration The Contribution By The Company And Collaborator(s), If Applicable.



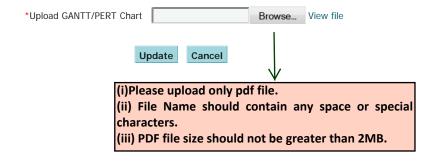


(i) Auto calculation of the sum of the values of all above financial input boxes. (ii) Total financial Input required should match with the total budget provided under recurring and non recurring in the subsequent forms.



#### **GANTT/PERT Chart**

#### **GANTT/PERT Chart Depicting The Milestones With Timelines To Achieve The Proposed Objectives**





#### **Proposal MileStones**

Note:- Please Select Atleast 3 Activities As Monitorable Milestones For Release Of Installments.

Objective	Activities Month Of End Activity(In Mon	Activities to be carried out by	Indicators Of Progress	Select
Objective	Activities 1 4	Amar book agency	Indicators Of Progress 1	
	Activities 2 5 Activities 3 6	Amar book agency	Indicators Of Progress 2 Indicators Of Progress 3	
	Activities 4 7	Amar book agency	Indicators Of Progress 4	
Objective	Activities 5 8	Amar book agency	Indicators Of Progress 5	
	Activities 6 9	Amar book agency	Indicators Of Progress 6	
Objective	Activites 7 2	☐ Amar ☐ book ☑ agency	Indicators Of Progress 7	
Objective	Activites 8 4	Amar book agency	Indicators Of Progress 8 Indicators Of Progress 9	
<u> </u>	<u> </u>	Amar book agency		<u> </u>
nere to se ne propos	et milestone al.	Select/Update MileStones		activities in order to final elease of installments.
S.No Mile	estones	Month Of End Of  Activity(In Months)	escription	
Sig	ming Of Contract	NA	-NA	
*2 Act	ivities 1	4		
Act *3	ivities 4	7		
*4	ivites 7	2		
Subi	mission Of Report	NA	-NA	
		Update Cancel	or the description for	all the three milesters.
		Ente	er the description for	all the three milestones



#### **AVAILABLE EQUIPMENTS DETAILS**

NOTE: Please select and remove unused rows.

## **Details of Equipments Available for this Project with Applicant Institution** Name Of Equipment Please mention the name of equipment as well as units of equipment. Add More Remove

Details of Equipments Available for this Project with Collaborator(s)

Collab1				<u>Cc</u>	mpany
Select	Name Of Equipment			Units	
				Add More	Remove
	Save as Draft Save	Reset	Cancel		



#### **PROPOSED EQUIPMENTS & ACCESSORIES DETAILS**

NOTE: Please select and remove unused rows.

## Details Of Equipment Proposed To Be Acquired Through BIRAC's Contribution For Applicant Institute

Select	Infrastructure/Equipment	Capacity	Quantity	Specific Requirement In The Project	Total Estimated Value(Rs.In Lakhs)
					Please enter to value and no
					unit value for equipment.
Accessor				-	on For Applicant Institute (Rs in Lakhs):  AC's contribution for applicant institute.
	ant for Equipemt and Accessor				ACS contribution for applicant institute.
0					
		Save	e as Draft	Save Reset Cancel	





Mention the details of manpower available with the institute/collaborator who will work on the project.

#### **MANPOWER DETAILS AVAILABLE**

\* NOTE: PLease select and remove unused rows.

Position	Role In The Project	Experience (In Years)	Full Time/Part Time (Specify Hours Per Day)	Age (In Years)	Qualification	Name	elect
							8
Add More Remove							
0							II - I- a
<u>Company</u> Position	Role In The project	Experience (In Years)	Full time/Part time (Specify hours per day)	Age (In Years)	Qualification	Name	lect
	Role In The project		time/Part time (Specify hours per		Qualification	Name	lect
	Role In The project		time/Part time (Specify hours per		Qualification	Name	lect
	Role In The project		time/Part time (Specify hours per		Qualification	Name	elect
	Role In The project		time/Part time (Specify hours per		Qualification	Name	
	Role In The project		time/Part time (Specify hours per		Qualification	Name	lect
	Role In The project		time/Part time (Specify hours per		Qualification	Name	ect



Provide the details and total cost of hiring manpower through BIRAC's contribution for Applicant Institute.

\* NOTE: Please select and remove unused rows.

Select	Position	No Of Positions	Minimum Qualification	Experience (In Years)	Age Limit,If Any (In Years)	Duration For Which To Be Hired (In Years)	Role In The Project	Proposed Annual Salary(Rs. In Lakhs)	Tota Cost
		Manpov	ver hiring du	ration should	not be greate	Ψ	oject duration.	Add More	Remo
				Save As Draft	Save Reset	Cancel			



Fill the details and total cost of consumusion
in the details and total cost of consumasie
items through through BIRAC's contribution
for Applicant Institute.

- CONSUMABLES DETAILS

\*Note: Please Select And Remove Unused Rows. Note:For Units ,Please fil NA if Not Applicable.

#### Through BIRAC's Contribution For Applicant Institute

Select	Items	Quantity	Units (e.g. g/ml etc.)	Approximate Cost (Rs.in lakhs)	Justification For The Requirement
8					
8					
8					
8					
				Total Amount Require	ed For Consumables:
					Add More Remove
		Save a	as Draft Save	Reset Cancel	

# Biotechnology Industry Research Assistance Council A Government of India Enterprise Please fill the appropriate information in the form. JUSTIFICATION FOR OTHER RECURRING HEADS Through BIRAC's Contribution For Institution Travel Cost (Rs.In Lakhs) Contingency Cost (Rs.In Lakhs) Contingency Justification Save as Draft Save Reset Cancel



Form to be filled in with appropriate data.

## DETAILS OF WORK TO BE GIVEN TO THE COLLABORATOR

Select	<b>Specific Activities Proposed To</b>	Collaborator(s) To Whom	Whether The Institution Has	Estimated	Submit
	Be Outsourced	It Is Proposed To Be	Already Signed Any Contract With	Cost Involved	Details of
		Outsourced	This Company	In (Rs.in	Estimated
				Lakhs)	Cost
		Select Collaborator			
			Auto calculation of the amount based on the provided above.		
		Save Rese	et Cancel		
		Save	Cancer		



#### **DETAILS ON WORK TO BE OUTSOURCED For Collab1**

Select	Items	Quantity	Units	Approximate Cost	Justification I	For The Requireme
			(e.g. g/ml etc.)	(Rs.in lakhs)		
				Total Amount Require	ed For Consuma	
						Add More Rem
Justification	n For Other Rec	curring Heads Tl	hrough BIRAC's	Contribution		
	ravel Cost Travel Justification					
	Tr	avel Justification	•	& Contingency Cost M s.In Lakhs)	anpower & Con	tingency Justificat
	Tr	avel Justification	•	M	anpower & Con	tingency Justificat
	Tr	avel Justification	•	M	anpower & Con	itingency Justificat
	Tr	ravel Justification	•	M	anpower & Con	itingency Justificat
(Rs.In La	Tr		•	M	anpower & Con	tingency Justificat



Please enter the required information  $\overline{\Lambda}$ 

	ces Of Funding Received/Rec ational Any Other Source	quested/Committed	For The Proposed St	udy.Please Include	
minent, Frivate, intern	ational Arry Other Source				
•	Approved By Any Of The Govect Title, Amount Received/A	-			er Activity During The Last I
-	Approved By Any Of The Gov act Title, Amount Received/A	-			er Activity During The Last I
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•		-			er Activity During The Last I

## **Biotechnology Industry Research Assistance Council**

A Government of India Enterprise



#### **BUDGET DETAILS**

**Details Of Proposed Budget Of The Project** Total Accessories cost through BIRAC's contribution for Applicant Institute. I. Non Recurring Cost(Rs. In Lakhs) Equipment Accessories Total **Total Grant Requested** (A) (B) (A+B) From BIRAC (Rs in. Lakhs) 19.00 3.00 22.00 22.00 Equipment cost derived from the total equipments Total cost of work details given cost to be acquired through BIRAC's contribution for to the collaborator. Applicant Institute. II. Recurring Cost(Rs. In Lakhs) Total cost of consumables to be acquired for the contingency cost through project through BIRAC's contribution for Applicant contribution for Applicant Institute. Institute. Total Grant Requested -Manpower/Consumables Travel Contingency **Total Grant Requested** for Collaborator (A) (B) (C) (D) (A+B+C+D+E) From BIRAC (Rs in. Lakhs) (E) 23.00 6.00 200.00 84.00 39.00 352.00 352.00 Total travel cost through BIRAC's contribution Total Project Cost (I+II) 374.00 for Applicant Institute. Total cost of manpower to be hired for the project BIRAC's contribution through **Applicant** Verify Cancel Institute. This form will verify only when Total Project cost is equal to objective wise activities cost under the heading OBJECTIVE WISE

**ACTIVITIES & TIMELINES** 



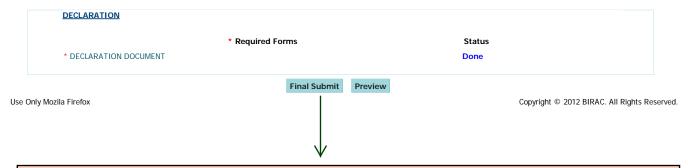
#### **DECLARATION**

*Please Upload The Declaration Document	Browse
	Click Here to Download Prescribed Format.
Save	ncel



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Call for Proposal: CRS -02/12-BIRAC Announces Contract R	desearch and Services Scheme (CRS) - Second Call for Proposals
Proposal Submission Under Category 1&11 (Click on	the Relevant Form for filling & submission)
BASIC INFORMATION	
* Required Forms	Status
* BASIC INFORMATION	Done
PARTICULARS OF THE APPLICANT(S)	
* Required Forms	Status
* PARTICULARS OF THE APPLICANT INSTITUTION	Done
* INSTITUTION KEYINVESTIGATORS	Done
* SHAREHOLDING PATTERN OF THE COLLABORATOR(S)	Done
PARTICULARS OF THE COLLABORATOR(S)	
* PARTICULARS OF THE COLLABORATOR(S) (To fill the Collaborator	or details Click on the Collaborator Name)  Done
S.No Collaborator Name	Collaborator Type Status
1 Project Directorate on Poultry	Institutions <b>Done</b>
* COLLABORATOR KEYINVESTIGATORS	Done
PROPOSAL DETAILS	
* Required Forms	Status
* PROPOSAL SUMMARY	Done
* TECHNICAL DETAILS	Done
PROPOSAL OBJECTIVE AND TIMELINES	
* Required Forms	Status
* PROPOSAL OBJECTIVES & WORK PLAN	Done
* OBJECTIVE WISE ACTIVITIES & TIMELINES	Done
* GANTT/PERT CHART	Done
PROPOSAL MILESTONES	
* Required Forms	Status
* PROPOSAL MILESTONES	Done
BUDGET JUSTIFICATIONS	
* Required Forms	Status
DETAILS OF EQUIPMENT & ACCESSORIES	D
* AVAILABLE	Done
* PROPOSED  DETAILS OF MANPOWER	Done
*AVAILABLE	Done
*TO BE HIRED	Done
* CONSUMABLES DETAILS	Done
* JUSTIFICATION FOR OTHER RECURRING HEADS	Done
* DETAILS ON WORK TO BE GIVEN TO THE COLLABORATOR	Pending
* OTHER FINANCIAL DETAILS	Done
BUDGET SUMMARY AND DETAILS	
* Required Forms	Status
* BUDGET DETAILS OF THE INSTITUTION	Done



- After filling up the all the above forms click on final submit in order to submit the proposal.
- No form can be edited after you click this button.
- After submission of the proposal, you will receive an email confirming submission of the proposal and providing temporary number for the proposal. The proposal is then examined for eligibility and a permanent reference no. will be allotted and conveyed via email if the application qualifies all eligibility norms.