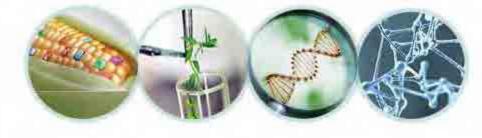
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- » Publications
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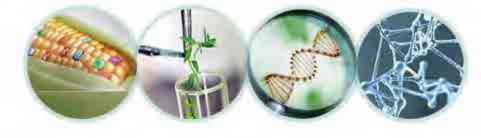
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Call for Proposals under BIPP	Under Consideration(ARP/TSC		0	Completed Projects		0				
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Select appropriate relevant area as per the need of your proposal.

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<u>(CRS</u>) - Second Call	or Proposals		CRS User Guide		
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-----Select Institution Type---

Year(s) Select Year

--Select Relevant Area-

I accept the Terms and Conditions Click here to read Terms & Conditions

Please provide a brief title not exceeding 250 characters.

Select Enter Collaborator(s) Details

Reset Save and Continue

Month(s) Select Month

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Type Of The Institution /

* Title Of Proposal

* Proposal Duration

* No.Of Collaborators

* Relevant Area

University

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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INSTITUTION DETAILS

Name of the Institution JT

Contact Details							
Address1:	Adrress1	Address2:					
Street/Village:		City/Town:	City				
State:	UTTAR PRADESH	Country:	India				
Pin / Zip Code:	208001	Landline:	91-45678-789456123				
Fax:	91-456-7899456666	Website:	www.testuser.com				

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Brief Background Of The Institution

*Year Of Establishment Of The Institution

*Recognition or Accriditation Status

*Upload file

*R&D Activities (Area)

*Source of Core Funding

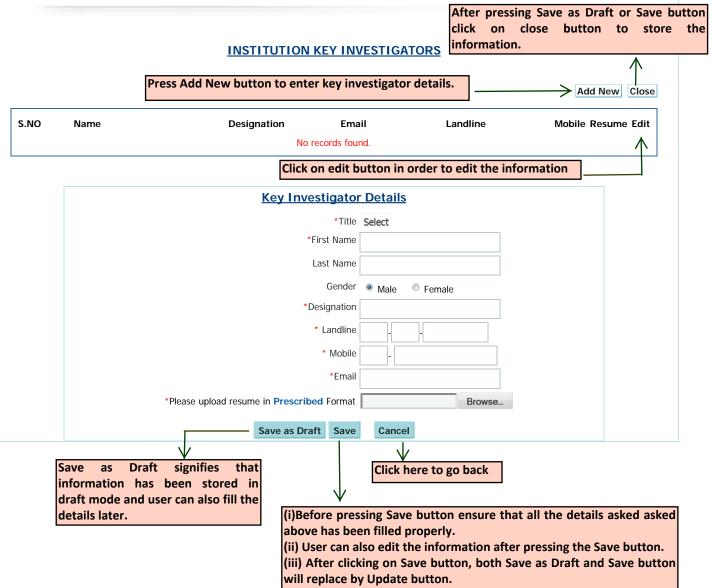
Project Coordinator Details

*Title	Select			
*First Name		Last Name		
*Designation		*DOB		< Ⅲ
*Gender	Male Female	*Highest Qualification		
*Email		*Address1		
Address2		*Street/Village		
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	SHAREHOLDING PATTERN OF THE (<u>20</u>	<u>OMPANY COLLABO</u>	F	<u>RATOR(S)</u>	nι	ıme	ric	enter valu		
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b)	Indian Company			ſ							
2)	NRI holding Indian Passport (Does not include OCI/PIO)			ſ							
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Forei	jn										
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	ſ	(+)
Mobile	((+)
Fax	ſ	(+)
Website (url)	[
*E-mail	[
Company's Activities		
*Year Of Establishment Of The Co	ompany	(Eg :-2009)
*Manufacturing:]	
*Trading / Import & Marketing:]	
*R & D Activities:	- 	
*Type Of The Company: (Please	mark the relevant)	(i)Please upload the file.
Public Limited	Private Limited	(ii) File should be in pdf format only.(ii) File Name should contain any space or special characters.
		(iii) PDF file size should not be greater than 2MB.
*Please Upload Company Registra	ation Certificate	Browse
Please Upload Annual Report Of	The Organization For Th	e Previous Financial Year Browse
*Are The Shares Of The Company	y Held To The Extent Of	51% By Indian Citizens? Yes No
*Promoters Background Including In Those Companies	J Association With Other	Companies And Contribution Browse
*Shareholding Pattern Of The Con Shareholders, Overseas Corpora		Diction
*Shareholding Details		

DSIR Recognition Details		
*Does The Company Have Valid DSIR Recognized In-House R & D Unit?	Yes	No
*Are There Any Outstanding Loans?	Yes	No
*Has The Company Received/Applied For Funding From Government/Any Other Agency For The Same Or Related Project?	Yes	No

Key Investigator Details

*Title	Select								
*First Name		Last Name							
*Designation		*DOB	<						
*Gender	Male Female	*Highest Qualification							
*Email		*Address1							
Address2		*Street/Village							
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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 as Draft signifies that 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.

PROPOSAL SUMMARY

1. Abstract Of The Proposal Including Justification For Outsourcing The Study / Work

2. What Does The Present Proposal Aim At?

Contract Research Contract Service Both

*(2.1) Please Provide Details Of The Proof Of Concept/Leads Generated By The Institution Which are to be Validated For The Industry

*(2.2) Please Provide Service Requirements Of The Institution

Save as Draft Save

Reset Cancel

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TECHNICAL DETAILS

Please enter the required information

* Note: Please select and remove unused rows.

* Note: All fields are mandatory and should not exceed 200 words.

1.Key Elements & Significance Of The Proposal

2. Preliminary Data Available With The Institue on the Related Work

3. Relevant Publications and Patent by the Investigator(s) on related research

*Upload Detail

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4.Competence Of The Collaborator in Terms Of Facilities Available, Previous Experience and Expertise in Similar Research / Services

5.1s The Research / Service Agreement With The Collaborator(s) Signed?

YES NO

6.IP STATUS For The Leads Developed By The Institution

6.1 List Of Patents That Appear To Cover Any Part Of The Technology Of Interest Or Similar (And Possibly Overlapping) Technologies And Thereby Restrict The Freedom-To-Operate In The Envisaged Area.

Select	Patent Number	Patent Title
		Add More Remove

6.3 List The Various Patented Technologies / Processes / Products That Would Be Made Use Of For Manufacturing / Commercialization Of The Proposed Product / Process Along With The Status Of The Patents. Whether Permission / License For Use If Such A Patent Owned / Being Sought For By The Company?

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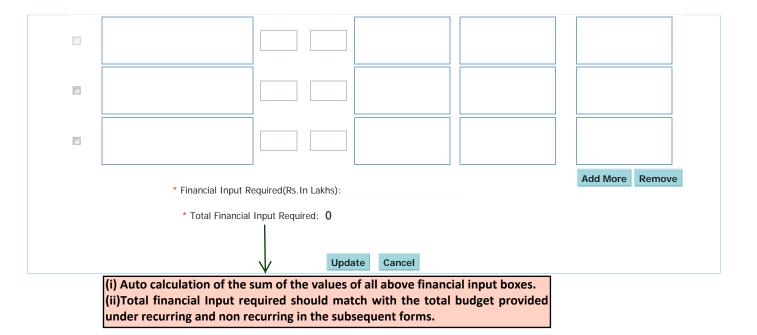
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OBJECTIVE WISE ACTIVITIES & TIMELINES Note: The Proposed Financial Input Required Should Take Into Consideration The Contribution By The Company And Collaborator(s), If Applicable. Please enter the activities under the respective (i)Text box signifies the month of start as well as end of the objectives which are derived from the previous form activities. i.e. PROPOSAL OBJECTIVES & WORK PLAN (ii)Only numeric values are allowed. **Objective** : Objective1 (iii) Total month should be less than the actual project duration. \geq **Role Of Collaborators** Month Of Month Of **Role Of Academia** (Yes/No) Indicators Of Select Activities Start Of End Of (Yes/No) Add (Add the Name of Progress Activity Activity comments if any Particular Collaborator) if any 0 0 0 0 0 Add More Remove * Financial Input Required(Rs.In Lakhs): 0 **Objective :**Objective2 **Role Of Collaborators Role Of Academia** (Yes/No) Month Of Month Of Indicators Of Select Activities Start Of End Of (Yes/No) Add (Add the Name of Progress Particular Collaborator) Activity Activity comments if any if any Add More Remove * Financial Input Required(Rs.In Lakhs): **Objective :**Objective3 **Role Of Collaborators** Month Of Month Of **Role Of Academia** (Yes/No) Indicators Of Activities Start Of (Add the Name of Select End Of (Yes/No) Add Progress Particular Collaborator) Activity Activity comments if any if any





GANTT/PERT Chart

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

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Proposal MileStones

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

Objectives	Activities	Month Of End Of Activity(In Months)	Activities to be carried out by	Indicators Of Progress	Select
Ohio ativo 1	Activities 1	4	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 1	
Objective1	Activities 2	5	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 2	
	Activities 3	6	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 3	
	Activities 4	7	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 4	
Objective2	Activities 5	8	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 5	
	Activities 6	9	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 6	
	Activites 7	2	🗖 Amar 🗖 book 🗹 agency	Indicators Of Progress 7	
Objective3	Activites 8	4	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 8	
	Activites 9	6	🗖 Amar 🗖 book 🗖 agency	Indicators Of Progress 9	

Click here to set milestone Select/Update MileStones \leftarrow for the proposal.

Select atleast three activities in order to finalize the milestones for release of installments.

S.No Milestones

Month Of End Of

Description

Signing Of Contract		NA	
Signing of concrace	NA	NA .	
Activities 1			
	4		
Activities 4	7		
Activites 7	2		
Submission Of Report		NA	
	NA		
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AVAILABLE EQUIPMENTS DETAILS

NOTE: Please select and remove unused rows.

Details of Equipments Available for this Project with Applicant Institution Select Name Of Equipment Units Add More Remove

Please mention the name of equipment as well as units of equipment.

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

Collab1

Company

Select	Name Of Equipment	Units
		Add More Remov

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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 Specific Requirement Select Infrastructure/Equipment Capacity Quantity Total Estimated Value(Rs.In Lakhs) In The Project Please enter total value and no per unit value for the equipment. – Total * \leftarrow Auto calculation of the total cost of proposed equipment acquired through BIRAC's contribution for applicant institute.. Add More Remove Accessories required for Equipment Proposed To Be Acquired Through BIRAC's Contribution For Applicant Institute (Rs in Lakhs): Fill the cost of accessories to be acquired through BIRAC's contribution for applicant institute. Total Grant for Equipemt and Accessories Requested from BIRAC(Rs in Lakhs): 0 Save as Draft Save Reset Cancel



Company

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.

				Full Time/Part		
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8						
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Manpower (Scientific and Technical) Already Available With Collaborator(s) Who Will Work In This Project

Collab1

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

* NOTE: Please select and remove unused rows.

Manpower (scientific and technical) to be hired for the project through BIRAC's contribution for Applicant Institute

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)	Total Cost
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Travel Cost (Rs.In Lakhs)	Travel Justification	Contingency Cost (Rs.In Lakhs)	Contingency Justification
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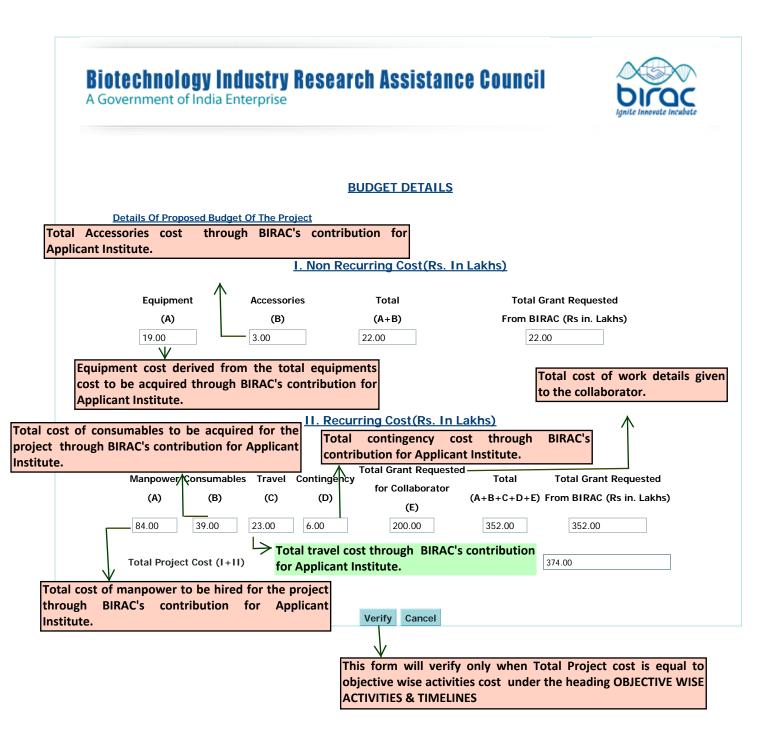
Form to be filled in with DETAILS OF WORK TO BE GIVEN TO THE COLLABORATOR \leftarrow appropriate data. *Note: Please select and remove unused rows. Select Specific Activities Proposed To Collaborator(s) To Whom Whether The Institution Has Estimated Submit Already Signed Any Contract With Cost Involved Details of Be Outsourced It Is Proposed To Be This Company Outsourced In (Rs.in Estimated Lakhs) Cost ÷ Select Collaborator Auto calculation of the ←_____Total amount based on the % Add More Remove provided above. Save Cancel Reset

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Proposal Submission Under Cate	gory [&]] (Click on the Relev	ant Form for filling & submissior	1)	
BASIC INFORMATION				
* BASIC INFORMATION	* Required Forms		Status Done	
PARTICULARS OF THE APPLICANT(S)				
	* Required Forms		Status	
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* PARTICULARS OF THE APPLICANT INSTITU	TION		Done	
* INSTITUTION KEYINVESTIGATORS * SHAREHOLDING PATTERN OF THE COLLAB	ORATOR(S)		Done Done	
PARTICULARS OF THE COLLABORATOR(<u>S)</u>			
* PARTICULARS OF THE COLLABORATOR(S)	(To fill the Collaborator details (Click on the Collaborator Name)	Done	
S.No Collaborator Name		Collaborator Type		Status
1 Project Directorate on Poultry		Institutions		Done
* COLLABORATOR KEYINVESTIGATORS			Done	2010
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 & ACCESSORIE	S			
* AVAILABLE			Done	
* PROPOSED			Done	
DETAILS OF MANPOWER				
*AVAILABLE			Done	
*TO BE HIRED			Done	
* CONSUMABLES DETAILS			Done	
* JUSTIFICATION FOR OTHER RECURRING F	EADS		Done	
* DETAILS ON WORK TO BE GIVEN TO THE	COLLABORATOR		Pending	
* OTHER FINANCIAL DETAILS			Done	
BUDGET SUMMARY AND DETAILS				
	* Doguirod Forme		Status	
	* Required Forms		Status	
* BUDGET DETAILS OF THE INSTITUTION			Done	

	DECLARATION			
	* DECLARATION DOCUMENT	* Required Forms	Status Done	
		Final Submit Preview		
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- A	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.