**INDEX**

**Manual for**  [**(PACE)**](http://birac.nic.in/user/userdashboard.php?scheme=1)

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**Step 1: Basic Information**

**Basic Information**

* Proposal Category

--Select--

* Name of The Organization

--Select--

Select the organization name from the select box.

If your organization is not listed in the drop down, then please register your company through Registration Page.

--Select--

Type of Organization

Select the organization name from the select box.

Title of Proposal

Title of Proposal

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

Select Month

Select Year

* Proposal Duration

Select the duration of the proposal.

* How did you come to know about the call for proposals

--Select--

Select the appropriate option accordingly.

--Select--

* Relevant Area

Select relevant area accordingly.

* Type of Collaboration Sole collaborators

Choose one of the radio buttons accordingly.

In type of collaboration when you choose “collaborators”, a select box will be appeared.

Enter (s) Details

--Select--

* No. of Collaborators

Here you have to choose the number of collaborators and click the “Enter Collaborators Details” button. After click on “Enter(s) Details” button, there is a number of rows of collaborator Details according to your selection. You have to fill the details here.

**Collaborator Details**

|  |  |  |
| --- | --- | --- |
| **Sr No**. | **Collaborator Name** | **Collaborator Type** |
| 1 |  |  |
| 2 |  |  |

Fill all the details accordingly.

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

Check the Term and conditions.

Save your form.

Save and Continue

Reset

Reset all your fields.

**Step 2: Particular of the Applicant Institution**

#### Particulars of the Applicant Institution

**Institution Details**

#### Name of the Institution Alfa University

**Contact Details**

#### Address1: RZ-3B/215, Address2: J Block

#### Street/Village West Sagarpur City/Town New Delhi

#### State Delhi Country India

#### Pin/Zip code 110003 Landline +91-11-24389600

#### Fax +91-11-24389611 Website [www.rishichandil.in](http://www.rishichandil.in)

#### Above details are automatically comes while you are in applicant details page. These are the details which you filled at the time of registration.

#### \* Year of Establishment Of the institution

#### Brief Background of the Institution

**\*Recognition or Accreditation Status**

**\*Registration/recognition certificate Type**

--Select--

**\*Please upload registration/recognition certificate from a statutory body like UGC / AICTE/CSIR /DSIR/SIRO certificate/Trust/Society registration certificate only etc.**

Browse

**\*R&D Activities (Area)**

**\*Source of Core Funding**

**\*Publications of PI as first or corresponding author, or patents (filed) in the same/similar research area of the project proposed (please upload max of 3 most relevant publications)**

**Yes** **No**

**\* Publication 1(Mandatory)**

Browse

Browse

**Publication 2**

Browse

**Publication 3**

**\* Details of the funding received by PI from government/any other external agency for the same or technically related projects as per format below** **Yes** **No**

If you choose “yes”, a “Number of Times” select box will appeared. You have to choose the number and click on “Enter Details” button.

Enter Details

--Select--

**Number of Times**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Funding Agency** | **Total Project Cost (Rs. In Lakhs)** | **Present Project Status** | **Date of Start** | **Date/Due Date of Completion** | **Amount Received As Grant-In-Aid (Rs. In Lakhs)** | **Amount Received As Loan (Rs. In Lakhs)** | **Total Approved Cost (Rs. In Lakhs)** |
|  |  |  | Select |  |  |  |  |  |

After clicking on “Enter Details” button a “Funding Details” box will be appeared according to your selection in “Number of Times” select box.

#### Funding Details

**Please upload sanction order sdfdfdfds**

In case of more than one project combined sanction orders may be uploaded with max limit of 5 MB

Browse

**Have you been been associated with any other BIRAC funding scheme? If Yes, List all the projects previously submitted by the Institute with BIRAC as per the attached format**

**Yes** **No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Scheme** | **Reference No.** | **Status** | **Proposal Status (Ongoing/Completed/Rejected/Withdrawn/ Foreclosed/Terminated)** |
| Select |  |  |  |

Delete

Add

Fill all the details accordingly.

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

Save

Save as Draft

Save your form.

Reset all your fields.

Reset

Cancel your form and it return you to main page

Cancel

**Step 3: Principal Key Investigator Details**

--Select--

#### Principal Key Investigator Details

#### \*Title

#### \*First Name \*Last Name

DD-MM-YYYY

#### \*Designation \*DOB

#### \*Gender Male Female \*Highest Qua.

#### \*Email

#### \*Address1 Address2

#### \*Street/Village \*City/Town

#### Pin/Zip Code

#### \*State Country

--Select--

--Select--

#### Landline

#### Mobile

Browse

#### \*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’s Authorisation Letter to for Submission of Proposal in Prescribed Format

Browse

#### 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

Save as Draft

#### Save your form.

Cancel

#### Cancel your form.

#### Step 4: Applicant Team Members

#### Applicant Team Members

#### 

Close

Add New

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Name | Designation | Email | Landline | Mobile | Resume | Edit |
| 1 | Rishi Chandil | Junior Assistant | [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.

#### Team Member Details

#### Title

--Select--

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### 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

Save as Draft

Save your form.

Close

Close the form.

#### Step 5: PARTICULARS OF THE COLLABORATOR(S)

The number of collaborators you enter in basic information form will be appeared in following form:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Collaborator Name** | **Collaborator Type** | **Status** |
| **1** | **Collaborator Name 1** | Institution | Pending |
| **2** | **Collaborator Name 2** | Company | Pending |

Click on “Collaborator Name” then a form will be open Fill the details of the Partner Details and Key investigator Details accordingly.

**COLLABORATOR ORGANIZATION**

**CONTACT DETAILS**

**Name of the company :company**

**Address of the REGISTERED OFFICE of the Company (as on MCA website)**

#### Address1: Address2:

#### Street/Village City/Town

#### Country State

#### Pin/Zip code Email:

**Landline**

**Mobile: Fax:**

**Website (URL):**

**Details of the Project Implementation Site**

#### Address1: Address2:

#### Street/Village City/Town

#### Country State

**Pin code Landline**

**Mobile: Fax:**

**Company's Activities**

**Year of Establishment of The Company:**

(E.g.: -2009)

**Manufacturing**

**Trading / Imports & Marketing**

**R&D Activity**

**Type of The Company: (Please mark the relevant)**

Public Limited Private Limited

Other, please specify

If you click on “other, please specify” the following field are appeared

**Please Upload Company Registration Certificate:**

Browse

**Please Upload Annual Report of The Organization for The Previous Financial Year:**

Browse

**Are the Shares of The Company Held to The Extent Of % By Indian Citizens?**

Yes No

**Promoters Background Including Association with Other Companies and Contribution in Those Companies**

Browse

**CA certified share holding pattern of the Company in Prescribed Format as on 30-09-2022:**

Browse

#### Shareholding Details:

**Are There Any Outstanding Loans?** Yes No

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

#### Please Upload Details

Browse

#### Has the Company Received/Applied for Funding from Government/Any Other Agency for The Same or Related Project?

Yes No

If you choose “yes”, a “Number of Times” select box will appeared. You have to choose the number and click on “Enter Details” button.

**ENTER Details**

--Select--

**Number of Times**

After clicking on “Enter Details” button a “Funding Details” box will be appeared according to your selection in “Number of Times” select box.

**Details of the funding received by PI from government/any other external agency for the same or technically related**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Funding Agency** | **Total Project Cost (Rs. in Lakhs)** | **Present Project Status** | **Date of Start (dd-mm-yyyy)** | **Date/Due Date of Completion (dd-mm-yyyy)** | **Project Duration (In Months)** |
|  |  |  | Select |  |  |  |

#### Have you been been associated with any other BIRAC funding scheme? If Yes, List all the projects previously submitted by the Company with BIRAC as per the attached format:

#### Yes No

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.no** | **Scheme** | **Proposal reference No.** | **Project Title** | **Proposal Status** | **Action** | |
|  | --Select-- |  |  |  | Add Row | Delete |

**Key Investigator Details**

#### Title

--Select--

#### First Name Last Name

DD-MM-YYYY

#### Designation DOB

#### Gender Male Female Highest Qualification:

#### Email

#### Address1 Address2

#### Street/Village City/Town

#### Pin/Zip Code

#### State Country

--Select--

--Select--

#### Landline

#### Mobile

**Please upload resume in Prescribed Format Note:**

Browse

View file

#### 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

Save as Draft

Save your form.

Close

Close the form.

**COLLABORATOR ORGANIZATION**

**CONTACT DETAILS**

**Type of The Organization: Institutions**

#### Address1: Address2:

#### Street/Village City/Town

#### Country C State

**Pin/Zip code Landline**

**Mobile: Fax:**

**Website (URL):**

**Email:**

**Year of Establishment of The Organization:**

(E.g.: -2009)

**Registration/recognition certificate Type**

--Select--

**Recognition or Accreditation Status:**

**Please upload registration/recognition certificate from a statutory body like UGC / AICTE/CSIR /DSIR/SIRO certificate/Trust/Society registration certificate only etc.:**

Browse

**View file**

**R&D Activities:**

**Source of Core Funding:**

**\*Has the Organization Received/Applied for funding from Government/any other agency for the same or related project:** Yes No

If you choose “yes”, a “Number of Times” select box will appeared. You have to choose the number and click on “Enter Details” button.

**ENTER Details**

--Select--

**Number of Times**

After clicking on “Enter Details” button a “Funding Details” box will be appeared according to your selection in “Number of Times” select box.

**Details of the funding received by PI from government/any other external agency for the same or technically related z projects:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Funding Agency** | **Total Project Cost (Rs. in Lakhs)** | **Present Project Status** | **Date of Start (dd-mm-yyyy)** | **Date/Due Date of Completion (dd-mm-yyyy)** | **Project Duration (In Months)** |
|  |  |  | Select |  |  |  |

**(PI should be a regular faculty in the organization (Adhoc/Part time Faculty/Phd pursuing students are not eligible as PIs but can be involved as team Members for the project)**

**Key Investigator Details**

--Select--

#### Title

#### First Name Last Name

DD-MM-YYYY

#### Designation DOB

#### Gender Male Female Highest Qualification:

#### Email

#### Address1 Address2

#### Street/Village City/Town

#### Pin/Zip Code

#### State Country

--Select--

--Select--

#### Landline

#### Mobile

**Please upload resume in Prescribed Format Note:**

Browse

**View file**

#### 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

Save as Draft

Save your form.

Close

Close the form.

#### Step 6: Collaborator(s) Team Members

#### Collaborator Team Members

#### 

Close

Add New

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Collaborator | Name | Designation | Email | Landline | Mobile | Resume | Edit |
| 1 | Collab1 | XYZ | ABC | xy@gmail.com | 0122-541269 | 997536526 | View File | Edit |

#### 

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

#### Collaborator Team Members Details

#### Collaborator Title

--Select--

--Select--

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### 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

Save as Draft

Save your form.

Close

Close the form.

**Step 7: MOU**

##### Note: Please upload a copy of signed MoU between the Applicant Company and Collaborator(s). However, this upload is non – mandatory.

##### Note: If MoU is not yet finalized, please click on save button and the status of current page would automatically change to done.

##### Please Upload a Signed Copy of MoU With the Collaborator(s).

|  |  |  |
| --- | --- | --- |
| **Collaborator(s)** | **Upload (MOU)** | **View File** |
| Collaborator name 1 | Browse | No File |
| Collaborator name 2 | Browse | No File |

#### Choose the MOU Files accordingly.

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

Save

Save as Draft

Save your form.

Reset your fields.

Reset

Close the form.

Close

**Step 8: Proposal Summary**

**Proposal Summary**

#### \* 1. TRL Status Current TRL Expected TRL

**TRL Details**

If you choose “New Facility” the following form will be appeared –

**\* 2.1 Aim/Objective of the proposal**

**2.2 Novelty of the proposal**

**\* Not more than 180-200 words**

**Essence of The Study Highlighting The Following**

**\* 3.1 Significance and Impact/Value of**

**the Proposal**

**\* 3.2 Rationale**

**\* 3.3 Inventive Step/Innovation**

**\* 3.4 Scope of Industrial Application**

**\* 3.5 National Importance / Social**

**Relevance**

**\* 3.6 Commercialization Potential**

**\* 3.7 Potential Competitors**

**\* 3.8 Risk Factors**

**\* 3.9 Has the Preliminary work done so far. If yes**  Yes No

**Please upload the preliminary data available**

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

Browse

**Upload the preliminary (If available) (Only pdf Allowed)**

**View file**

**\* 3.10. National and International status**

**Of proposed technology or product.**

**Upload the preliminary (If available)**

Browse

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

**\* 3.11. National and international status**

**of proposed technology or product**

**\*3.12 Strategy for taking forward the outcomes of project for validation and possible commercialization by an industrial partner:**

**4. Is this Proposal Based on IP Owned by**

**The Applicant/Collaborator/Licensed** Yes No

**From Abroad?**

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

**Anticipated Outcome / Deliverables**

**5.1**

**5.2**

**5.3**

**5.4**

**5.5**

**Relevant references**

**6.1**

**6.2**

**6.3**

**6.4**

**6.5**

**7. Have you ever submitted this related proposal**  No Yes

**before under any of the BIRAC Schemes?**

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

Remove

Add

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select** | **Proposal reference No.** | **Proposal Title** | **Proposal Status** | **BIRAC Scheme** |
|  |  |  |  |  |

Fill all the mandatory fields accordingly.

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

Save as Draft

Save

Save your form.

Close

Cancel the form

Reset all fields

Reset

*\* Note: Please select and remove unused rows.*  
*\* Note: All fields are mandatory and should not exceed 200 words*

1. **IP Status**

**IP DETAILS**

**Step 9 : IP DETAILS**

**1.1 Details of Background IP**

**generated so far and possibility of**

**generating new IP through this project**

**1.2 Countries/jurisdiction where the**

**applicant intends to practice/market**

**the proposed technology**

Add

Remove

**1.3 List Of Patents That Appear To**

|  |  |  |
| --- | --- | --- |
| **Select** | **Patent Number** | **Patent Title** |
|  |  |  |

**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.**

**1.4 How Would The Present**

**Proposal Be Able To Counter**

**The Above Restrictions?**

**1.5 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?**

**2.In Case The Technology Is Licenced**

|  |  |  |
| --- | --- | --- |
| **Select** | **Regulatory Approvals** | **Status Approvals obtained/ Approvals in process/ Applications yet to be submitted to the concerned authorities** |
|  |  |  |

**From Abroad, Status Of Independent**

**Validation In The Country Is To Be   
Provided Clearly**

**3.1. Regulatory Approvals and Protocols**

Remove

Add

**3.2.B. Protocols: Protocol in the**

**prescribed format required by**

**the concerned agency for giving**

**approvals**

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

Save

Save as Draft

Save your form.

Reset

Reset all fields

Close

Cancel the form

**Step 10: Regulatory Details**

**Regulatory Details**

**(a)Micro-organisms** Yes No

**(b) GE-organisms** Yes No

**(c) Plants** Yes No

**(d) Vertebrate animals:** **Small laboratory animals**  Yes No

**(d) Vertebrate animals:** **Large Animals**  Yes No

**(d) Vertebrate animals:** **Non-human primates** Yes No

**(e) Hazardous materials** Yes No

**(f) Human clinical materials:** Yes No

**(g) Human subjects** Yes No

**2. Does the project require any one or more of the following approvals**

**IAEC Approval** Yes No

**CPCSEA Approval** Yes No

**IEC Approval** Yes No

**CDSCO (DCGI) Approval** Yes No

**IBSC Approval** Yes No

**RCGM Approval** Yes No

**GEAC Approval** Yes No

**IC-SCR Approval** Yes No

**NAC-SCRT Approval** Yes No

**Environment Safety Authority Approval** Yes No

**DGFT Approval** Yes No

**NBA Approval** Yes No

**PCB Approval** Yes No

**Any other national Authority (Specify) Approval** Yes No

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

Browse

Upload

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

Details (if not applicable, fill NA)

**3. Does the project implementation require:**

**(a) Academic Research Facility** Yes No

**b) Non-GLP Facility** Yes No

**(c) GLP-Facility** Yes No

**(d) Non-GMP Facility** Yes No

**(e) GMP-Facility** Yes No

Save your form.

Save

Reset all the fields.

Reset

Cancel the form.

Cancel

**Step 11: Proposal Objective and Timelines**

#### OBJECTIVES & WORK PLAN

\* 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Fill all the necessary fields.

Save your form.

Save

Reset all the fields.

Reset

Cancel the form.

Cancel

**Step 12: Objective Wise Activities & Timelines**

##### **Objective Wise Activities & Timelines**

##### *Note: Please Select and Remove Unused Rows*

##### **Objective: Test objective 1**

This form appeared you if you filled the previous form “[SPECIFIC PROJECT PLAN AND DELIVERABLES](http://birac.nic.in/user/addobjectivefullmisc_new.php?calid=12&pid=2623&category_id=5&action=edit)”.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Activities** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Role of Academia(Please enter details)** | **Role of Partner(Add the Name of Particular Partner and also enter the role of Partner for the particular activities )** |
|  |  | 0 |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Add More

Remove

|  |  |  |  |
| --- | --- | --- | --- |
| **Please enter 1st Milestone under Objective :** | | | |
| **S. No** | **Milestone** | **Month of Start of Activity** | **Month of End of Activity** |
| 1. |  | 0 |  |

Remove

Add More

##### **Objective: Test objective 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Activities** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Role of Academia(Please enter details)** | **Role of Partner(Add the Name of Particular Partner and also enter the role of Partner for the particular activities )** |
|  |  | 0 |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

Fill all the necessary fields.

Save

Save your form.

Reset all the fields.

Reset

Cancel

Cancel

Browse

#### Quarterly Timelines/Minimum Work Programme/Milestones for Quantifiable Outputs

#### Step 13 GANTT/PERT Chart

**Upload Chart:**

Cancel

Save

**Step 14: Proposal Milestones**

##### **Proposal Milestones**

Note: - Please Select At least 3 Activities as Monitor able

Milestones for Release of Instalments.

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Milestones** | **Month of End of Activity** | **Description** |
| \* 1. |  | --NA-- | --NA-- |
| \* 2. |  | --NA-- |  |
| \* 3. |  | --NA-- |  |
| \* 4. |  | --NA-- |  |
| \* 5. |  | --NA-- | --NA-- |

Fill all the mandatory details.

Before “Save” the form you have to click “Select/Update Milestone” button.

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel your form.

**Step 15: Budget Justification (Available)**

##### **Details of Equipment Available for this Project with Applicant**

##### **Available Equipment Details**

Note: Please select and remove unused rows.

|  |  |  |
| --- | --- | --- |
| **Select** | **Name of Equipment** | **Units** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Add More

Remove

Fill all the mandatory details.

#### Collaborator Name Institutions

#### Details of Equipment Available for this Project with Partners(s)

|  |  |  |
| --- | --- | --- |
| **Select** | **Name of Equipment** | **Units** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Fill all the mandatory details.

Add More

Remove

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 16: Proposed**

##### **Details of Equipment Proposed To Be Acquired Through BIRAC Contribution for Applicant**

##### **Proposed Equipment’s & Accessories Details**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Infrastructure/Equipment** | **Capacity** | **Quantity** | **Specific Requirement in the Project** | **Total Estimated Value**  **(Rs. In Lakh)** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Total \*** | | | | | |

Remove

Add More

|  |
| --- |
| **Accessories to Be Acquired through BIRAC's Contribution for Applicant (Rs in Lakh)** |

**Step 17: Details of Manpower (Available)**

##### **Manpower (Scientific and Technical) Already with Applicant Who Will Work In this Project**

##### **Manpower Details Available**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Name** | **Qualification** | **Age (In Years)** | **Full Time/Part Time (Specify hours Per Day)** | **Experience**  **(In Year)** | **Role In The Project** | **Position** |
|  |  |  |  |  |  |  |  |
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Add More

Remove

#### Collaborator Name (Institutions)

##### **Manpower (Scientific and Technical) Already Available With Partners (s)Who Will Work In This Project**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Name** | **Qualification** | **Age (In Years)** | **Full Time/Part Time (Specify hours Per Day)** | **Experience**  **(In Year)** | **Role In The Project** | **Position** |
|  |  |  |  |  |  |  |  |
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Remove

Add More

Fill all the mandatory fields.

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

Save

Save as Draft

Save your form.

Reset

Reset all the fields.

Cancel the form

Cancel

**Step 18: Details of Manpower (To be hired)**

##### **Manpower (scientific and technical) to be hired for the project through BIRAC contribution** **for Applicant**

##### **Manpower Details to be hired**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select | Position | No. of Position | Minimum Qualification | Experience  (In Year) | Age Limit, if any (In Years) | Duration For Which To be hired (in Years) | Role in the Project | Proposed Annual Salary (Rs. In Lakh) | Total Cost |
|  |  |  |  |  |  |  |  |  |  |
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Remove

Add More

Fill all the mandatory fields.

##### **Manpower (scientific and technical) to be hired for the project through BIRAC contribution** **for Partners(s)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select | Position | No. of Position | Minimum Qualification | Experience  (In Year) | Age Limit, if any (In Years) | Duration For Which To be hired (in Years) | Role in the Project | Proposed Annual Salary (Rs. In Lakh) | Total Cost |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form

**Step 19: Details of Manpower (Consumable Details)**

**Through Applicant / BIRAC Contribution for Applicant**

##### **Consumable Details**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Select | Items | Quantity | Units (e.g. g/ml etc.) | Approximate Cost (Rs. In Lakhs) | Justification for the Requirement |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Remove

Add More

**Total Amount Required For Consumable**

0.00

#### Through BIRAC Contribution For Collaborators(s)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select | Items | Quantity | Units (e.g. g/ml etc.) | Approximate Cost (Rs. In Lakhs) | Justification for the Requirement | Collaborators |
|  |  |  |  |  |  | Select |
|  |  |  |  |  |  | Select |
|  |  |  |  |  |  | Select |
|  |  |  |  |  |  | Select |
|  |  |  |  |  | Add More | Select |

Fill all the mandatory fields.

Remove

0.00

**Total Amount Required For Consumable**

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel the form.

Cancel

**Step 20: Details of Manpower (Justification for Other Recurring Heads)**

**Through Applicant / BIRAC Contribution for Applicant**

##### **Justification for Other Recurring Heads**

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Cost (Rs. In Lakh)** | **Travel Justification** | **Contingency Cost**  **(Rs. In Lakhs)** | **Contingency Justification** |
|  |  |  |  |

#### Through BIRAC Contribution for Partners(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partners(s)** | **Travel Cost**  **(Rs. In Lakh)** | **Travel Justification** | **Contingency Cost**  **(Rs. In Lakhs)** | **Contingency Justification** |
| Name of the Collaborators |  |  |  |  |

Fill all the mandatory fields.

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 21: (Details on Work to be outsourced)**

##### **Details on Work to be outsourced**

Note: Please select and remove unused rows.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select | Work Proposed To Be Outsourced | Name of the Institute/Organization to Whom it is Proposed to be Outsourced | Whether The Applicant has Already Signed any Contract With this Institution/Organization | Estimated Cost Involved In (Rs. In Lakhs) |
|  |  |  |  |  |

**Total**

0.00

Remove

Add More

% of Contribution By The Applicant of the above Total Cost: %

0.00

Contribution By the Applicant:

0.00

Support Requested from BIRAC:

Fill all the mandatory fields.

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 22: Details of Manpower (Other Financial Details)**

##### **Other Financial Details**

1. **Details of the Other Sources of Funding Received/Requested/Committed For the Proposed Study. Please Include Government, Private, International Any Other Source**
2. **Funding Received So Far/Approved By Any Of The Government Agencies To The Applicant To Carry Out Any Other Activity During The Last Five Years(Give Details Like Project Title, Amount Received/Approved, Funding Agency And Status Of The Project)**

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

#### Step 23: BUDGET DETAILS OF THE APPLICANT INSTITUTE

**Details Of The Proposed Budget : Adamas Institute of Technology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment**  **(A)** | **Accessories**  **(B)** | | **Total**  **(A+B)** | **Contribution by Applicant (Rs in. Lakhs)** | | **Total Support requested from BIRAC**  **(Rs in. Lakhs))** |
| 0.00 | 0.00 | | 0.00 | 0.00 | | 0.00 |
| BIRAC Contribution In The Form Of | | Percentage | | | Amount(RS in Lakhs) | |
| Grant-In-Aid | | |  |  | |

#### B. Recurring Cost (RS in Lakhs)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Manpower**  **(A)** | **Consumables (B)** | **Travel** | | **Contingency** | **Outsourcing** | | **Total (A+B+C+D)** | **Contribution by Applicant (Rs in. Lakhs)** | **Total Support requested from BIRAC**  **(Rs in. Lakhs))** |
| 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 |
| BIRAC Contribution In The Form Of | | | Percentage | | | Amount(RS in Lakhs) | | | | |
| Grant-In-Aid | | | | |  | | 0.00 | 0.00 | 0.00 |

You just need to review the calculation and save the form.

Save

Save your form.

Cancel the form.

Cancel

#### Step 24: BUDGET DETAILS OF THE COLLABORATOR

#### Non Recurring Cost (Rs in Lakhs)

**Partner Name Company**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Manpower**  **(A)** | **Consumables (B)** | **Travel** | | **Contingency** | **Outsourcing** | | **Total (A+B+C+D)** | **Contribution by Applicant (Rs in. Lakhs)** | **Total Support requested from BIRAC**  **(Rs in. Lakhs))** |
| 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 |
| BIRAC Contribution In The Form Of | | | Percentage | | | Amount(RS in Lakhs) | | | | |
| Grant-In-Aid | | | | |  | | 0.00 | 0.00 | 0.00 |

#### B. Recurring Cost (RS in Lakhs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Manpower**  **(A)** | **Consumables (B)** | **Travel (C)** | **Contingency**  **(D)** | **Total (A+B+C+D+E)** | **Total Support requested from BIRAC**  **(Rs in. Lakhs))** |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

You just need to review the calculation and save the form.

Save

Save your form.

Cancel the form.

Cancel

**Step 25: Details of Manpower (Budget Summary)**

##### Name of the Applicant : Adamas Institute of Technology

##### **Budget Summary**

**Contribution by Applicant and Collaborators**

0.00

Applicant

Sub Total (A):

0.00

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Requested From BIRAC :** | | **Grant in Aid** | **Loan** |
| **Applicant** | 0.00 | 0.00 | 0.00 |
| **Collaborators Name** | 0.00 | 0.00 | -N.A- |
| **Sub Total (B):** | 0.00 | 0.00 | -N.A- |
| **Total Project Cost (A+B)** | | | 0.00 |

You just need to review the calculation and verify the form.

Verify

Verify your form.

Cancel the form.

Cancel

**Step 26:**  [**DECLARATION DOCUMENT**](http://birac.nic.in/user/document_final_new.php?calid=61&pid=4295&action=edit)

#### DECLARATION

Browse

**\* Please Upload the Declaration Document :**

Please upload only pdf files

Save

Save your form.

Cancel the form.

Cancel

**Step 27: Final Submission**

#### Final Submit

\* Review all your forms whom status is “DONE” after review click on “Final Submit” Button.

\* Make sure all the forms has status “DONE”, before you click on “Final Submit” Button.