

# **CENTRE FOR RESEARCH**

## Proforma IA

# SHODH PRAVARTAN

# APPLICATION BY PRINCIPAL INVESTIGATOR

Name of the Principal Investigator			
Designation			
Names of Co-investigator/s if any			
Residential Address of applicant			
Telephone			
Mobile			
Email			
Gender	Male	Female	
Educational Qualification			
Experience	КЈС	Total	
Research Publication (Number)	National	International	
List Enclosed			
Previous Projects Undertaken			
Туре	Major	Minor	
Status	Completed	Ongoing	
Title			
Agency			
Title of the Project			

Broad Area of Research			
Disciplines of research if it is inter-			
disciplinary			
Type of the Project	Major	Minor	
Estimated Cost of the Project (Rs.)			
Estimated Duration of the Project			
(months)			

#### Declaration

I agree that all the information provided by me is true and I agree to conduct the project in a professional and ethical manner and abide by research guidelines of the institution. If any of the above information supplied by me is proved to be incorrect, my project may be cancelled and I agree to refund the project grant

Place

Date

Signature

Proforma I B



# **CENTRE FOR RESEARCH**

# SHODH PRAVARTAN

## APPLICATION BY CO-INVESTIGATOR

Name of the Co-investigator			
Designation			
Name			
of Principal Investigator			
Residential Address of applicant			
Telephone			
Mobile			
Email			
Gender	Male	Female	
Educational Qualification			
Experience	КЈС	Total	
Research Publication (Number)	National	International	
List Enclosed			
Previous Projects Undertaken			
Туре	Major	Minor	
Status	Completed	Ongoing	
Title			
Agency			
Title of the Project			

Broad Area of Research			
Disciplines of research if it is inter-			
disciplinary			
Type of the Project	Major	Minor	
Estimated Cost of the Project (Rs.)			
Estimated Duration of the Project			
(months)			

#### Declaration

I agree that all the information provided by me is true and I agree to conduct the project in a professional and ethical manner and abide by research guidelines of the institution. If any of the above information supplied by me is proved to be incorrect, my project may be cancelled and I agree to refund the project grant

Place

Signature

Date