



(Application form for Joint Research Project)

INDIA –SWEDISH (DST-VR)
PROGRAMME OF COOPERATION IN SCIENCE & TECHNOLOGY

PART 1: General information

1 Basic data

<i>Project Title:</i>
<i>Keywords:</i>
<i>Priority research area:</i>
<i>Duration (months):</i>

Indian main Project Investigator (PI)

Name (First name, Surname)	
Designation:	
Academic degree:	
Date of birth:	
Gender:	
Nationality:	
Institute name/ place of work:	
Address:	
E-mail:	
Phone number including mobile number:	

Swedish main Project Investigator (PI)

Surname, First Name	
Designation:	
Academic degree:	
Date of birth:	
Gender:	
Nationality:	
Institute name/ place of work:	
Address:	
Postcode, city:	
E-mail:	

Phone number:	
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Other Indian partners: (must be from same Institute/University)

Name (First name, Surname)	
Designation:	
Academic degree:	
Date of birth:	
Gender:	
Nationality:	
Institute name/ place of work:	
Address:	
E-mail:	
Phone number including mobile number:	

(Please insert additional tables into the document to list additional co-investigators)

Other Swedish partners:

Surname, First Name	
Designation:	
Academic degree:	
Date of birth:	
Gender:	
Nationality:	
Institute name/ place of work:	
Address:	
Postcode, city:	
E-mail:	
Phone number:	

(Please insert additional tables into the document to list additional co-investigators)

We hereby confirm that all the information given in this application and the attachments is correct to the best of my knowledge.

<i>Place, Date</i>	<i>INDIAN main applicant</i>
<i>Place, Date</i>	<i>SWEDISH main applicant</i>

INSTITUTIONS ENDORSEMENT:

Certified that the infrastructural facilities related to the project activity is available in this Institution and all necessary administrative support will be extended for the project

Indian Institution:

Name:

Position:

Signature:

Date:

Swedish Institution:

Name:

Position:

Signature:

Date:

PART-2: Scientific project description

The project description must be same as submitted to VR by Swedish main PI through PRISMA online system.

PART 3: Requested funding

2.1 Indian side (mobility expenses) – Only 2 visits per year from each are permitted

Year	No. and duration of each visit to Sweden	International air-fare, visa fee, overseas insurance (only in INR for Visits from India to Sweden)	Accommodation, per-diem etc. in INR. (For visits from Sweden to India) as per the prescribed rates	Total
1 st	i.			
	ii.			
2 nd	i.			
	ii.			
Total				

*Please indicate Institutes Guest house accommodation charges per day.

2.2 Indian side (project research costs in INR)

Year	Accessories and appliances etc.	Chemicals & Consumables	Project scientific manpower (only project Asstt./ JRF/SRF/RA) as per DST norms	Total
1 st				
2 nd				
Total				

*Please indicate / mention name and cost of accessories/appliances being requested for.

*Please indicate rate and quantity of chemicals & consumables asked for.

2.3 Sweden side (mobility expenses)

Year	No. and duration of each visit to India	International air-fare and overseas insurance only in SEK for visits from Sweden to India	Accommodation, per-diem etc. in SEK for visits from India to Sweden	Indirect costs	Total
1 st	i.				
	ii...				
2 nd	i.				
	ii...				
Total					

2.4 Sweden side (other project/ research costs, in SEK)

Year	Costs for project-	Minor	Other costs relevant	Indirect	Total
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	related joint workshops and seminars, publications etc.	equipment(s) / accessories, consumables etc.	for the grant objective.	costs	
1 st					
2 nd					
Total					

PART 4: Research requiring authorizations or notifications

Indicate whether the proposed research includes:

	YES	NO
Humans, human tissue samples or individual medical data		
Vertebrates, decapods or cephalopods		
Pathogens or genetically modified organisms		
Human embryonic stem cells		

Please note that research on humans, human embryonic stem cells, vertebrates, decapods, cephalopods, pathogens and genetically modified organisms needs authorization and/or notification.

PART-5 (For Indian partners only)

1. List of on-going research projects with the Indian PI:

Title of the project	Brief description	Duration with dates of commencement and completion of the project	Funding available and source of funds

2. Infrastructure available/required to implement the project:

Facilities	List of items required for the project	If not available presently, how it is proposed to be procured/recruited. Please indicate the source of funding
Equipment		
Manpower		
Consumables and Contingencies		

3. Certified that the following Indian scientists SRF/JRF, Post-Docs are presently affiliated with the University/Institute and will be the official project participants for the entire duration of the project:

S.No.	Name of the project participant	Position held	From	To
1.				
2.				
3.				

4. Please mention Name/Address/Contact details including email address/ area of specialization of 3 possible peer-reviewers of the project proposal.

S.No.	Name and address of the expert	Contact details including email ID	Area of expertise / keywords