

**FORMAT FOR SUBMISSION OF PROPOSAL UNDER
COGNITIVE SCIENCE RESEARCH INITIATIVE (CSRI)**

(To be filled by applicant)
{Sections 101 to 192 to be on separate sheet(s)}

101. Project Title

102. Broad Subject:

Anthropology
Artificial Intelligence
Education
Engineering
Linguistics
Neurology
Philosophy
Psychology
Other Interdisciplinary

103. Sub Area:

104. Duration in months

105. Total cost

106. FE Component

107. Project Category:

Basic Research
Applied Research (Process/Product Development)
Technology Development
Any other

111. Principal Inv.

112. Designation

113. Department

114. Institute Name

- 115. Address
- 116. Date of Birth: Sex (M/F)
- 117. Telephone Fax Gram e-mail
- 118. Co-Investigator
- 119. Designation
- 120. Department
- 121. Institute Name
- 122. Address
- 123. Date of Birth: Sex (M/F)
- 124. Telephone Fax Gram e-mail
- 125. Co-Investigator
- 126. Designation
- 127. Department
- 128. Institute Name
- 129. Address
- 130. Date of Birth: Sex (M/F)
- 131. Telephone Fax Gram e-mail
- 132. Co-Investigator
- 133. Designation
- 134. Department
- 135. Institute Name
- 136. Address
- 137. Date of Birth: Sex (M/F)

138. Telephone Fax Gram e-mail

Project Title:.....Registration No.....(to be filled by DST)

Principal

Investigator.....Institution

I).....II).....

191. Project summary (maximum 150 words)

192. Key words (maximum 6)

200. Technical details

210. Introduction (under the following heads)

211. Origin of the proposal

212. Definition of the problem

213. Objective

220. Review of status of Research and Development in the subject

221. International status

222. National status

223. Importance of the proposed project in the context of current status

224. Review of expertise available with proposed investigating group/institution in the subject of the project

225. Patent details (domestic and international)

230. Work plan

231. Methodology

232. Organisation of work elements

233. Time schedule of activities giving milestones (also append to bar diagram and mark it as Section 410)

234. Suggested plan of action for utilization of research outcome expected from the project.

300. BUDGET ESTIMATES: SUMMARY

	Item	BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
A.	Recurring				
	1.Salaries/wages				
	2. Consumables				
	3. Travel				
	4. Other costs				
B.	Equipment				
	Grand total (A+B) Total FEC*				

*FEC- Foreign Exchange Component

Foreign Exchange component (in US\$) equivalent of rupee amount at the prevailing rates may be furnished.

N.B. Entries here should match with those given in section 310 to 350; justification for each item is to be given in Section following it that is section 311, 321, 331, 341 and 351.

310. BUDGET FOR SALARIES/WAGES

		BUDGET			(in Rupees)
		1st Year (m.m.*)	2nd Year (m.m.)	3rd Year (m.m.)	Total (m.m.)
Designation & number of persons	Monthly Emoluments				
Total					

*m.m.:man months to be given within brackets before the budget amount

311. Justification for the manpower requirement.

320. BUDGET FOR CONSUMABLE MATERIALS

		BUDGET			(in Rupees)
Item		1st Year	2nd Year	3rd Year	Total
	Q*				
	B**				
	F***				
Total	B				
	F				

*Q: Quantity or number, ** Budget, ***F: Foreign Exchange Component in US\$

321. Justification for costly consumable (if not provided for in Section 231 i.e. Methodology)

330. BUDGET FOR TRAVEL

	BUDGET			(in Rupees)
	1st Year	2nd Year	3rd Year	Total
Travel (Only inland travel)				

331. Justification for intensive travel, if any.

340. BUDGET FOR OTHER COSTS/CONTINGENCIES

		BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
	Other costs/Contingency costs				

341. Justification for specific costs under other costs, if any.

350. BUDGET FOR EQUIPMENT

Sl. No.	Generic name of the Equipment along with make & model	Imported/Indigenous	Estimated Costs (in Foreign Currency also)*	Spare time for other users (in %)

* includes transport, insurance and installation charges.

351. Justification for the proposed equipment.

410. Time Schedule of Activities through BAR Diagram

420. List of facilities being extended by parent institution(s) for the project implementation.

A) Infrastructural Facilities:

Sr. No.	Infrastructural Facility	Yes/No/ Not required Full or sharing basis
1.	Workshop Facility	
2.	Water & Electricity	
3.	Laboratory Space/ Furniture	
4.	Power Generator	
5.	AC Room or AC	
6.	Telecommunication including e-mail & fax	
7.	Transportation	
8.	Administrative/ Secretarial support	
9.	Information facilities like Internet/ Library	
10.	Computational facilities	
11.	Animal/ Glass House	
12.	Any other special facility being provided	

B. Equipment available with the Institute/ Group/ Department/ Other Institutes for the project:

Equipment available with	Generic Name of Equipment	Model, Make & year of purchase	Remarks including accessories available and current usage of equipment
PI & his group			
PI's Department			
Other Inst In the region			

430. Detailed Bio-data of the Investigator(s)/Co-Investigator(s) including
 Name, Address, Date of Birth, Institution's Address etc.
 Academic Qualifications (University/College from where attained, year of passing, class, Thesis title etc.)
 Publications list (Title of paper, authors, Journal details, pages, year etc.)
 Patent list, if any
 List of Projects implemented

450. Details of Research Projects being implemented/ completed/ submitted by the Investigator(s)/Co-Investigators including
 Investigator(s) Name & Institute
 Project Title
 Project Status:

Completed-duration, period (from.... to.....), funding agency and total cost
 On-going-duration, date of start, funding agency and total cost
 proposed-duration, funding agency where submitted and total cost

Summary of the project
 Major Results/ Highlights of the project including achievement (publications, patents etc.), for completed projects
 Up-to date Technical progress report for on-going projects.

500.Any other relevant matter.

Endorsement from the Head of Institution

(To be given on letter head)

Project Title :

1. Certified that the Institute welcomes participation of Dr _____ as the Principal Investigator and Dr _____ as the Principal Co-Investigator for the project and that in the unforeseen event of discontinuance by the Principal Investigator, the Principal Co-Investigator will assume the responsibility of the fruitful completion of the project (with due information to DST) .

2. Certified that the equipment and other basic facilities as enumerated in Section 420 and such other administrative facilities as per terms and conditions of the grant, will be extended to the investigator(s) throughout the duration of the project.

3. Institute assumes to undertake the financial and other management responsibilities of the project.

Date:

Name and Signature of Head of Institution

Place:

Certificate from the Investigator

Project Title:

1. I/ We agree to abide by the terms and conditions of the DST research grant.
2. I/ We did not submit the project proposal elsewhere for financial support.
3. I/ We have explored and ensured that equipment and basic facilities (enumerated in Section 420) will actually be available as and when required for the purpose of the projects. II We shall not request financial support under this project, for procurement of these items.
4. I/ We undertake that spare time on permanent equipment (listed in Section 350) will be made available to other users.
5. I/We have enclosed the following materials:

<u>Items</u>	<u>Number of copies</u>
a) Endorsement from the Head of Institution (on letter head)	One
b) Certificate from Investigator(s)	One
c) Details of the proposal from Section 101 to 500 (stitched) + one soft copy, preferably in MS Word	15

Date:
Place:

Name and Signature of Principal
Investigator