

PROFORMA FOR NEW PROJECT PROPOSAL SEEKING FUNDING

NP

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**

Jawahar Nagar, Shameerpet Mandal, Hyderabad-500078, R.R. District

DEPARTMENT OF _____

Date:

To

Associate Dean

SRCD

Dear Madam,

This is to request you to process and dispatch the following project proposal to funding agency

To be filled by Investigator

Funding agency detail	Title of the proposal	PI, Co-I' s details
Address of the funding agency	No. of final hard and/soft copies	Last date (If submitting for a special call for proposal)

The proposal was reviewed internally by the following faculty members and their comments and suggestions have been duly incorporated in the final draft.

To be filled by HOD

Reviewer 1:	Reviewer 2:
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(Signature & Name of HOD)

(SRCD Receipt Date & Signature)

Name of the PI:

Funding Agency:

PROJECT PROPOSAL EVALUATION REPORT (For R&D projects)

1. **Is the objective of the proposal clearly spelt out? Yes / No**
(If no, please comment below)

2. **Proposed work plan**
 - a. **How appropriate to the objectives?**

 - b. **Supporting elements (Infrastructure facilities, available expertise with the PI, etc.)**

 - c. **Alternate strategies (Whether the PI has an alternate strategy in case the proposed work plan fails)**

3. **Relevance and applicability:**

4. **Any comments on Budget submitted**

5. **Suggested modification, if any (Please provide your constructive comments to the Investigator for improving and revising the proposal. If needed add more pages)**

(Signature)

Name of the reviewer:

Department:

ADVERTISEMENT FORMAT

CALL FOR JUNIOR/ SENIOR RESEARCH FELLOW FOR A _____ PROJECT

Date: _____

Applications are invited from suitable candidates for **Junior/ Senior Research Fellow (JRF/SRF)** to work on the following project sponsored by _____, under the supervision of _____, Department of _____, BITS-Pilani, Hyderabad campus.

Title of the project:

Duration of the project

Project position and number:

Fellowship amount:

Eligibility requirements

Interested candidates with the above mentioned qualification can send the applications on a plain paper giving detailed information about the educational qualifications, research experience and published research papers if any, by _____ (**last date**), to the Principal Investigator, _____ via email: _____ or by post { _____ (name of the PI, _____ (Designation), Department of _____, BITS-Pilani, Hyderabad campus, R.R. District, Shameerpet, Hyderabad-500078}. Please note that only qualified and suitable candidates will be called for interview to be held at BITS-Pilani, Hyderabad Campus in the _____ week of _____ (month and year) and no TA/DA will be paid for the interview. Selected candidate may be permitted to register for Ph.D programme of BITS, Pilani, subject to the fulfillment of the requirements.

_____ (Name of the PI)

_____ (Designation of the PI)



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Hyderabad Campus, Jawahar Nagar, Shameerpet Mandal
Hyderabad 500078, Andhra Pradesh, India

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PROFORMA FOR INTERVIEW PANEL

BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS

Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District

SPONSORED RESEARCH, CONSULTANCY DIVISION

PROJECT MONITORING CELL

Date:

To
Associate Dean
SRCD

Dear Sir/Madam,

I would like to request you to schedule interview for the selection of One JRF/SRF/ Project fellow/_____ for the _____(name of the funding body) project entitled_____

Details by the PI:

1. Date of Advertisement
3. No. of applications received

2. Last date for application
4. No. of applicants shortlisted

5. Panel members suggested

1 Principal investigator (PI)

2 Head of the Department

3 DRC Convener

4 Faculty Members (Optional)

1.

2.

3.

6 External member (if required)

Name:

Designation & Affiliation:

Suggested Date:_____and Time slot:_____ : Signature of the PI:_____

Please note: Final date and time for interview will be confirmed by SRCD.

PROFORMA FOR APPROVALS RELATED TO SPONSORED RESEARCH & CONSULTANCY PROJECTS

A

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**

Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District
SPONSORED RESEARCH, CONSULTANCY DIVISION

Project ID:

Activity ID :

PROJECT MONITORING CELL

SRCD No.:

Date:

To

**The Associate Dean
SRCD**

I would like to request your approval for the following.

Project:			
PI Name:		Co-I Name:	
Head of A/C	Details (enclose documents)	Total (Rs)	
Important Note (If any):			

Signature of PI/Co-I

SRCD Office Purpose:

Head of A/C	Released Amount/ Unspent Balance	Current expenses	Balance
Forwarding remarks (If any):			

Approved/Not Approved

Forwarded for approval
Nucleus Member, SRCD

Associate Dean, SRCD

PROFORMA FOR APPROVALS RELATED TO SPONSORED RESEARCH & CONSULTANCY PROJECTS

R

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**

Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District
SPONSORED RESEARCH, CONSULTANCY DIVISION

Project ID:

Activity ID :

PROJECT MONITORING CELL

SRCD No.:

Date:

To

**The Associate Dean
SRCD**

I would like to request your approval to reimburse for the following.

Project:		
PI Name:		Co-I Name: .
Head of A/C	Details (enclose documents)	Total (Rs)
Important Note (If any):		

Signature of PI/Co-I

SRCD Office Purpose:

Head of A/C	Released Amount/ Unspent Balance	Current expenses	Balance
Forwarding remarks (If any):			

Approved/Not Approved

Forwarded for approval
Nucleus Member, SRCD

Associate Dean, SRCD

PROFORMA FOR APPROVALS RELATED TO SPONSORED RESEARCH & CONSULTANCY PROJECTS

S
A

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**

Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District
SPONSORED RESEARCH, CONSULTANCY DIVISION

Project ID:

Activity ID :

PROJECT MONITORING CELL

SRCD No.:

Date:

To

**The Associate Dean
SRCD**

I would like to request your approval for the following and further necessary actions.

Project :			
PI Name:		Co-I Name:	
Head of A/C	Details (enclose documents)	Total (Rs)	
Important Note (If any):			

Signature of PI/Co-I

SRCD Office Purpose:

Head of A/C	Released Amount/ Unspent Balance	Current expenses	Balance
Forwarding remarks (If any):			

Approved/Not Approved

Forwarded for approval
Nucleus Member, SRCD

Associate Dean, SRCD

**P
D
F**

PROFORMA FOR APPROVALS RELATED TO SPONSORED RESEARCH & CONSULTANCY PROJECTS

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District
SPONSORED RESEARCH, CONSULTANCY DIVISION

Project ID:

Activity ID :

PROJECT MONITORING CELL

SRCD No.:

Date:**To****The Associate Dean
SRCD**

I would like to request your approval for the following and further necessary actions.

Project:	PDF		
PI Name:		Co-I Name:	.
Head of A/C	Details (enclose documents)	Total (Rs)	
PDF			
Important Note (If any):			

Signature of PI/Co-I

SRCD Office Purpose:

Head of A/C	Released Amount/ Unspent Balance	Current expenses	Balance
Forwarding remarks (If any):			

Approved/Not Approved

Forwarded for approval
Nucleus Member, SRCD

Associate Dean, SRCD

PROFORMA FOR APPROVALS RELATED TO SPONSORED RESEARCH & CONSULTANCY PROJECTS

F

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**

Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District
SPONSORED RESEARCH, CONSULTANCY DIVISION

Project ID:

Activity ID :

PROJECT MONITORING CELL

Date:

**To
The Associate Dean
SRCD**

Kindly arrange to pay me the fellowship for the month of _____

Project Details:		
PI Name:	Name of the student & Department:	
Head of A/C	No. of Days	Fellowship amount
	HRA if applicable (%)	Rs.
		Rs.
Total amount claimed		Rs.
Important Note (If any by PI/HOD):		

(SBH A/C NO.)

(Signature of the student)

Recommended for the payment

1. Supervisor's (or PI) signature: _____ & Name: _____

2. Head of the department signature: _____ & Name: _____

SRCD Office Purpose:

Head of A/C	Released Balance	Amount/Unspent	Current payment	Balance
Forwarding remarks (If any):				

Associate Dean, SRCD

**H
R
A**

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**
Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District
SPONSORED RESEARCH, CONSULTANCY DIVISION

Project ID:

Activity ID :

PROJECT FELLOWSHIP CELL**Date:**

To
Associate Dean
SRCD

Kindly reimburse for the utilisation of HRA for paying the hostel accommodation charges.

Name of the student:	Position:
PI Name:	Funding agency:
Fellowship amount p.m.	Rs.
HRA eligibility as per sanction letter (_____%)	Rs.

Details of fees to be deducted

Mention I semester/II semester/Summer term and year	
Hostel fees	Rs.
Maintenance	Rs.
and other charges related to hostel(ICT)	Rs.
TOTAL	

The Hostel Fees & Maintenance amount of Rs. _____ for the ___ semester 20__ to 20___ can be reimbursed from HRA of the project fellowship.

(Signature of the student)

Recommended for the payment

1. Supervisor's (or PI) signature: _____ & Name: _____

Associate Dean, SRCD signature:

Please attach the copy of the fee receipt given by SWD.

Statement showing the expenses incurred during 20 - 20

Tenure of the project 3 years

ERP project ID:

PI Name:

Department:

Co-PI Name:

Department:

Duration:

Total sanctioned amount:

Starting date of the project:

Sl.No	Head of account	ERP Activity ID	2014 -2015				2015 -2016			2016 -2017			2014-2017(for 3 years)		
			Total Sanctioned amount for 3 years	I year Grant received	Amount spent till the date	Balance	II year Grant received	Amount spent till the date	Balance	II year Grant received	Amount spent till the date	Balance	Total Grant received	Total amount spent till the date	Balance
1	Equipment														
2	Manpower														
3	Travel														
4	Consumables														
5	Contingency														
6	Overhead														
7	Interest earned														
Total															

Statement of expenditure to be maintained by PI, SRCD and accounts and the same sheet will be available in the Grants management modeule when ERP is live.

Starting date of the project:

List of Equipment

- 1.
- 2.
- 3.
- 4.

Signature of the PI

COVER LETTER FOR UC/SOE

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE-PILANI
HYDERABAD CAMPUS**

Jawahar Nagar, Shameerpet mandal, Hyderabad-500078, R.R. District

Project ID:

SPONSORED RESEARCH, CONSULTANCY DIVISION

PROJECT MONITORING CELL

Date:

To

Accounts Division

Please find herewith the documents pertaining to Utilization certificate for the project entitled
“ _____ ”

sponsored by _____ for the First/Second/Third year for the period from
_____ to _____).

List of Documents. (Please tick if enclosed)

1. Previous year UC & SoE's submitted if any
2. Tally sheet with labelling the respective budget head for each expenditure.
3. Utilization certificate(UC) & Statement of expenditure (SoE)
4. Sanction letters
5. Interest earned in the financial year
6. Bills not accounted in Tally sheet or Committed expenses (attached as enclosures or copy of the P.O)

Comments (if any) by PI:

Signature and name of PI

Forwarding Note by SRCD Office:

Nucleus member (Project Monitoring)

Associate Dean, SRCD

Comments (if any) by Accounts: