

# CORE RESEARCH & INNOVATION GROUP (CRIG)

## Research & Innovation Promotion Scheme Application Format for Internal Funding – 2025

**Application ID:** (To be assigned by CRIG for reference and updates)\_\_\_\_\_

### Part I – Applicant and Project Details

University Name: \_\_\_\_\_

Faculty/Department: \_\_\_\_\_

#### Applicant Information

Name	Designation	Email	Mobile Number

#### Project Title

Title of the Proposal: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

#### Project Team Details

Role	Name	Designation /Student	Faculty/Department	Email	Mobile Number
Principal Investigator (PI)					
Co-PI 1					
Co-PI 2					
Co-PI 3					
Co-PI 4					

**Total Estimated Cost:** \_\_\_\_\_

**Proposed Project Duration:** \_\_\_\_\_

Any Other Relevant Information: \_\_\_\_\_

## Part II – Technical Details ( Attach Annexures)

### 1. Abstract (within 250 words)

## 2. Objectives

### 3. Background and Rationale

- Literature Review and National/International Scenario (within 250 words):
- Identified Research Gap (within 250 words):

#### 4. Hypothesis / Research Question

## 5. Methodology ( within 500 words)

### 6. Expected Outcomes (within 250 words)

## 7. Project Timeline (Gantt Chart)

(Planned monthly activities)

[illegible]

## 8. Budget Estimate

S. No.	Item	Specifications	Estimated Cost (INR)	Remarks
1	Manpower			
2	Travel			
3	Equipment			
4	Workshop / Training Expenses			
5	Consumables			
6	Publication Charges			
7	Miscellaneous			

## Part III – Compliance and Declaration

By signing this application, the PI and Co-PIs agree to:

- Abide by CRIG and University guidelines for fund utilization.
- Submit monthly progress reports by the 25th of every month.
- Submit Utilization Certificates with bills, vouchers, and supporting documents.
- Procure all items strictly as per AISECT Purchase Policy.
- Return any unutilized funds with the final completion report.
- Ensure active student participation in the project activities.

**Signature of PI and Co-PI**\_\_\_\_\_

**Countersignature Required ( Vice Chancellor of the University)**

Name: \_\_\_\_\_

Signature & Seal : \_\_\_\_\_

Date: \_\_\_\_\_

**Part IV – Scrutiny and Approval**

Reviewer	Remarks	Signature	Date
Coordinator (CRIG)			
Director (Research)			

Approved Funding Amount: \_\_\_\_\_ INR

**Part V – Finance Department Action**

(To be filled by Accounts Section)

**Details of Fund Allocation and Disbursement**

S. No.	Date	Amount Allocated (INR)	Purpose/Remarks	Amount Disbursed (INR)	Disbursement Date	Balance (if any)

**Additional Remarks (if any):**

\_\_\_\_\_

**Signature of Accounts Officer:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of CFAO:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_