**Application to obtain Research Allowance as per the Management**

**Services Circular No 02/2014**

1. **RESEARCH IDENTIFICATION**
2. Title of the Research :
3. Duration of the Research in months :
4. Field covered by the proposal :
5. Researchers & Collaborating Institutions :

|  |  |  |  |
| --- | --- | --- | --- |
|  | Researcher 1 | Researcher 2 | Researcher 3 |
| Name  Designation  Institution’s Address  Date of Birth  Telephone No.  Fax No.  E-mail |  |  |  |

|  |  |
| --- | --- |
| Name of the Collaborating Institution  Institution’s Address  Telephone No.  Fax No.  E-mail |  |

1. **TECHNICAL INFORMATION**
2. Objectives of the Research (Up to 200 Words)
3. Justification for collaboration & brief information about national and international scenario in the proposed area of research (Up to 200 Words)
4. Scientific & technical description of the research including methodology (Up to 400 Words), Literature Review and Scope of the research
5. Expected results of this research (e.g. joint publications, patents etc.) Are any of the expected results likely to have commercial value? (Up to 100 Words):
6. Infrastructure facilities related to the research activity, available in the institutions where the research work will be carried out.

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1. Action Plan

|  |  |
| --- | --- |
| Time Schedule | Responsibilities |
| 1st Year |  |
| 2nd Year |  |
| 3rd Year |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Exchange Visits/Field Visits | Consumables & Contingency | Manpower (Research fellows) | Total |
| 1st Year |  |  |  |  |
| 2nd Year |  |  |  |  |
| 3rd Year | - | - |  |  |
| Total |  |  |  |  |

1. **ADMINISTRATIVE & FINANCIAL INFORMATION**
2. **Research Cost**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of the Research | Started Year | Completed Year | Research Management Committee | Reference No. (if available) |
|  | | | | |
|  |  |  |  |  |

1. **Information on the other researchers for which the research allowance is/ was paid**
2. **Declaration of the Researchers**

By signing below and submitting this application form I/We, ……………………………………………. confirm that all the information I/We have provide in this application above is true and accurate to the best of my/our knowledge and I/We further confirm that I/We understand if any of the information I/We have provided is later found to be false or misleading, it renders me/us ineligible for obtaining the research allowance.

Signatures of the Researchers.

1. **Please fill (A) or (B)**
2. **Declaration from the Heads of the institutions where the research work will be carried out/financed.**
3. The institutions (mention the name) agree to participate in this Research.
4. The institutions shall provide infrastructure & necessary facilities for implementing the research;
5. The institutions assume to undertake financial & other management responsibility for the part of the research work to be carried out at this institution; and
6. The back-up funding for manpower, consumable etc. is available to this research.

Signature and rubber stamp of the head/s of the Institution/s

**(B.) if the research is self-financed, declaration of the Researcher.**

I/Wewould bare all the technical and other management expenses incurred for the research work. Hence, the funding for man power, consumable etc. is available for this research and I/We will not request funds from the government or any other organization until the completion of the research.

Signature of the Researchers

1. **Declaration form the Heads of the Department of the researchers.**
2. The applicant is an officer belongs to the categories mentioned in paragraph 03 of DMS Circular 02/2014.
3. The research work expected by this circular would not impede the duties of permanent post of the investigator
4. The personally evaluated the research proposal/assessed the recommendations of the evaluation committee and strongly recommend that this research proposal is in line with the government policies and hence contribute to the development of the country.

Signature and rubber stamp of the Head of the Department