

(TO BE UPLOADED)

DECLARATION BY THE CANDIDATE

I have gone through the guidelines, rules and conditions of the BioCARE program and if selected, I agree to abide by them. The particulars given in the form are correct and I am prepared to present myself for presentation/discussion, if called upon to do so.

I also certify that the credentials projected in the application are true to best of my knowledge and belief & my candidature is liable to be rejected, if any information given by me is proved to be false/not true later. The research articles/publications/patents published under my authorship is/are free from plagiarism and no disciplinary action from any affiliation is/are pending or being contemplated against me. In case, any plagiarism/retraction is/are reported by any journal/publication in future, the same will be disclosed suo-moto to the Department of Biotechnology, Ministry of Science and Technology, Govt. of India.

I also hereby declare that mentor or any other officer from the Institute is not related to me in any way.

It is also declare that I or my Institute has/have not been debarred from any of the Government funding Agency.

Date:

Place:

Signature of the Candidate

Signature and stamp of the Mentor

Signature and stamp of Head of the Institute

BUDGET PARTICULARS

A. Non-Recurring (e.g. only minor equipments, accessories etc.)

| S.No. | Equipment Name | Justification | Qty | Unit Cost | Year-I | Total |
|-------|----------------|---------------|-----|-----------|--------|-------|
| | | | | | | |
| | | | | | | |

Attached Quotations for Equipments:

| S.No. | Name of Institute/University/Organisation | Justification |
|-------|---|---------------|
| | | |
| | | |

B. Recurring

B.1 Human Resource Details

| S.No. | Resource | No | Justification | Year_I | Year_I I | Year_III | Total |
|--------------|----------|----|---------------|--------|-------------|----------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

B.2 Consumables

| S.No. | Item | Justification | Qty | Year_I | Year_II | Year_III | Total |
|--------------|------|---------------|-----|--------|---------|----------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

B.3 Travels

| S.No. | Description | Justification | Year_I | Year_II | Year_III | Total |
|--------------|-------------|---------------|--------|---------|----------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

B.4 Contingency

| S.No. | Description | Justification | Year_I | Year_II | Year_III | Total |
|--------------|-------------|---------------|--------|---------|----------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

B.5 Overhead

| S.No. | Description | Justification | Year_I | Year_II | Year_III | Total |
|-------|-------------|---------------|--------|---------|----------|-------|
| | | | | | | |

| | | | | | | |
|--------------|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

B.6 Recurring Others

| S.No. | Description | Justification | Year_I | Year_II | Year_III | Total |
|--------------|-------------|---------------|--------|---------|----------|-------|
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Account Holder Details

| Account Holder Name | Postal Address | Phone No. | Email id |
|--|----------------|-----------|----------|
| Name of Institute/University/Organisation | | | |
| | | | |

Bank Details

| Account No. | Type | Bank Name | Branch Name | IFSC Code | MICR Code | Phone No. |
|-------------|------|-----------|-------------|-----------|-----------|-----------|
| | | | | | | |

(Please attach a duly signed bank mandate as provided below with budget particular)

MANDATE FORM

DETAILS OF ORGANISATION

| | | |
|----------|---|--|
| 1. | PFMS Unique Code | |
| 2 (i) | Agency Name (Name of the University/ Institute/College, etc) | |
| 2 (ii) | Agency Type (Statutory Bodies/ Autonomous/NGO/Society etc.) | |
| 2 (iii) | Hierarchy of Agency(Central/State/ District/Block/Tahsil/Panchayat/Village) | |
| 2 (iv) | Act/Registration No. | |
| 2 (v) | Date of Registration | |
| 2 (vi) | Registering Authority | |
| 2 (vii) | State of Registration | |
| 3. | TIN No. (If available) | |
| 4. | TAN No. | |
| 5. | Complete Contact Address of the Agency | |
| 5 (i) | Block No./Building/Name of Premises | |
| 5 (ii) | Road/Street/Post Office | |
| 5 (iii) | Area/Locality | |
| 5 (iv) | City/ District | |
| 5 (v) | State | |
| 5 (vi) | Pin code | |
| 6. | Contact Person | |
| 6 (i) | Designation | |
| 6 (ii) | Phone Number (Land Line) | |
| 6 (iii) | Alternate Phone No./Mobile No. | |
| 6 (iv) | Official E-mail address | |
| 7. | Bank Account details | |
| 7(i) | Institution's Account Name (As per bank record) | |
| 7 (ii) | Account No. | |
| 7(iii) | IFSC Code | |
| 7(iv) | Bank name (in full) | |
| 7 (v) | Branch Name | |
| 7 (vi) | Complete Branch address | |
| 7 (vii) | MICR No. | |
| 7 (viii) | Account Type | |

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

Date:

Name and Designation of the declarant with seal

Certified that the particulars furnished above are correct as per our Bank records

Date:

**Signature of the Authorized Authority of Bank
name and seal**

DECLARATION/CERTIFICATION

(Attach duly signed scanned copy of Declaration certificate)

It is certified that

1. The research work proposed in the scheme/project entitled "**[Project Title]**" does not in any way duplicate the work already done or being carried out elsewhere on the subject.
2. The same project proposal has not been submitted to any other agency for financial support.
3. The emoluments proposed for the manpower are as admissible to persons of corresponding status employed in the institute/university or as per the Ministry of Science & Technology guidelines.
4. Necessary provision for the scheme/project will be made in the Institute/ University/ Organization budget in anticipation of the sanction of the scheme/project.
5. If the project involves the utilization of genetically engineered organisms, we agree to submit an application through our Institutional Bio safety Committee. We also declare that while conducting experiments, the Bio safety Guidelines of the Department of Biotechnology would be followed into.
6. If the project involves field trials/experiments/exchange of specimens, etc. we will ensure that ethical clearances would be taken from concerned ethical Committees/ competent authorities and the same would be conveyed to the Department of Biotechnology before implementing the project.
7. If the Project requires any statutory permission(s) for any authority to carry out the project, the same would be obtained and intimated to DBT before taking up research activities.
8. It is agreed that any research outcome or intellectual property right(s) on the invention(s) arising out of the project shall be taken in accordance with the instructions issued by Department of Biotechnology, Govt. Of India.
9. We agree to accept the terms and conditions of Department of Biotechnology, Govt. Of India.
10. The institute/university agrees that the equipment, other basic facilities and such other administrative facilities as per terms and conditions of the grant will be extended to investigator(s) throughout the duration of the project.
11. The Principal Investigator(s) involved in the project has sufficient service duration to carry out the project. In case his tenure get expire before completion of project necessary provision would be made to allow him to complete the project for its logical conclusion.
12. The Institute assumes to undertake the financial and other management responsibilities of the project.
13. If any biological data as specified in the guidelines is being generated in the project, same will be submitted to Indian Biological Data Centre – The National Repository, at RCB, Faridabad, in accordance to Biotech-PRIDE Guidelines 2021.
14. The details & information given in the Project proposal are true & factual.

15. It will be the responsibility of the Project Investigator/ Implementing Institute to submit a fresh declaration certificate if the project gets recommended for funding and there is any change in the points 1-14 above.

I hereby state that this is the first grant to be received from any government agencies.

Signature & Seal of Project Investigator, Mentor and Executive Authority(s) of participating Institutions is compulsory

FULL TECHNICAL DETAILS OF THE PROJECT

A. Introduction

1. Origin of the proposal:
2. (a) Rationale of the study supported by cited literature (b) Hypothesis (c) Key questions:
3. Current status of research and development in the subject (both international and national status):
4. The relevance of the proposed study:
5. The Outcome of Proposed Study:
6. Preliminary work done so far:
7. Scope of the Application indicating anticipated product and processes:

B. Specific objectives

Institute/University/Organisation Name :

| S.No. | Objectives | Quantitative Target | Quantitative Achievement | Qualitative Target | Qualitative Achievement | Quarter-Wise |
|-------|------------|---------------------|--------------------------|--------------------|-------------------------|--------------|
| | | | | | | |
| | | | | | | |

C. Workplan & Timelines for respective objectives (for each objective)

Institute/University/Organisation Name:

1. Objective:
2. Workplan:
3. Timeline:

| S.No. | Activity | Start Quarter | End Quarter |
|-------|----------|---------------|-------------|
| | | | |
| | | | |

D. Methodology:

E. Details of Salient Features:

F. Details of References:

G. References of experts in the field (3-5 experts):

| S.No. | Expert Name | Designation | Address |
|--------------|--------------------|--------------------|----------------|
| | | | |
| | | | |

H. Uploaded figures/flowcharts/photographs referred in the project:

BIODATA OF MENTOR

1. Name :
- Date of Birth :
- Gender :
- Category :
- Designation :
- Department :
- Institute :
- Address :
- Pin :
- Email/Fax :
- Phone No. :

2. Education Details:

| S.No. | Institution | Degree Awarded | Year | Field of Study |
|-------|-------------|----------------|------|----------------|
| | | | | |
| | | | | |
| | | | | |

3. Employment Details:

| S.No. | Institution | Position | From (Date) | To (Date) |
|-------|-------------|----------|-------------|-----------|
| | | | | |
| | | | | |

4. Honors/Awards:

| S.No. | International/National | No. | Description |
|-------|------------------------|-----|-------------|
| | | | |
| | | | |

5. Publications:

| S.No. | International/National (Mention only UGC listed Journal) | No. |
|-------|--|-----|
| | | |
| | | |

Publication Details:

List of Publication in the peer review Journal of impact factor 1 and above:

| S.No. | Title of Paper | Author | Reference of Journal | Year |
|--------------|-----------------------|---------------|-----------------------------|-------------|
| | | | | |
| | | | | |

6. Professional Experience and Training relevant to the Project:

7. No. of years of experience post Phd: