### APPLICATION FOR GRANT OF KMC RESEARCH PROJECT GENERAL DETAILS

## **PROJECT TITLE:**

### PROJECT INVESTIGATORS (At least 2 and maximum 3):

- 1. Name, Designation, Department, Email, Mobile no.
- 2. Name, Designation, Department, Email, Mobile no.
- 3. Name, Designation, Department, Email, Mobile no.

### NAME OF THE PROJECT INVESTIGATOR FOR SUBMITTING FINANCIALDETAILS:

### **PROJECT REVIEWERS (Five)**

- 1. Name, Designation, Department, Email, Mobile no., Research Area
- 2. Name, Designation, Department, Email, Mobile no., Research Area
- 3. Name, Designation, Department, Email, Mobile no., Research Area
- 4. Name, Designation, Department, Email, Mobile no., Research Area
- 5. Name, Designation, Department, Email, Mobile no., Research Area

# <u>DETAILS OF STUDENTS (At least 2 and maximum 3) WHO WILL BE CARRYING OUT PROJECT WORK:</u>

- 1. Name, College Roll no., Course, Semester, Email, Mobile no.
- 2. Name, College Roll no., Course, Semester, Email, Mobile no.
- 3. Name, College Roll no., Course, Semester, Email, Mobile no.

### **PROJECT CATEGORY (Select Any one):**

- 1. Experimental
- 2. Computational
- 3. Theoretical

#### **BROAD SUBJECT AREA:**

### PROJECT DETAILS

- 1. SUMMARY OF THE PROPOSAL (Maximum 200 words):
- 2. OBJECTIVES (Maximum Five and 150 words):
- 3. METHODOLOGY (Maximum 200 words):
- 4. EXPECTED OUTCOME (Maximum 150 words):
- 5. FACILITIES IN TERMS OF LABORATORY AND EQUIPMENT, ETC. LIKELY TO BE MADE AVAILABLE BY DEPARTMENT FOR PURSUING THE ABOVE STUDIES:
- 6. TOTAL BUDGET FOR RESEARCH PROJECT (ONE YEAR)

S.No	Item	Budget (Rs.)
1.	Equipment's (Make & Model)	
2.	Consumables	
4.	Travel: Local and Outside the city	
4.	*Contingency	
	Grand Total	

<sup>\*</sup>No Registration Fee will be reimbursed.

### 7. JUSTIFICATION

**Equipment:** 

**Consumables:** 

**Travel:** 

**Contingency:** 

8. UNDERTAKING:

We, hereby certify that the proposed research work is our original idea and not published anywhere else.

1. Signature of Project Investigator

Name, Designation, Department

2. Signature of Project Investigator

Name, Designation, Department

3. Signature of Project Investigator

Name, Designation, Department

KMC RESEARCH COUNCIL

Email: res kmc@kmc.du.ac.in