

MARG 2023-24

Proposal Submission date: 05/09/2023
Email the application

to:

principal@teresas.ac.in,
margstc@teresas.ac.in



FORMAT FOR SUBMISSION OF PROPOSAL FOR MINOR RESEARCH PROJECT

PART – A

	1.	Broad Subject	:						
	2.	Area of Specialization	:						
	3.	3. Duration :							
	4.	Principal Investigator							
	i.	Name:							
	ii.	i. Date of Birth: v. Qualification:							
	iii.								
	iv.								
	v.								
	vi.	Address:	O#:	D I					
	5.	Co – Investigator(s):	Office:	Residence:					
i) Name:									
ii) Sex: M/F									
iii) Date of Birth:									
	vii.	i. Qualification: ii. Designation:							
	viii.								
	ix.	Address:	Office:	Residence:					
	5. Name of the Department /Departments where the project will be undertaken: (a) Department 1:								

Teaching and Research Experience of Principal Investigator: (a) Teaching experience: UG_____Years PG____Years (b) Research experience: (c) Whether the project has been approved by the University for the doctoral degree? If so, please Date of Registration: Name and designation of the supervisor approved by the University: Name of the University where registered: (d) In case the teacher holds a doctoral degree: i. Title of the thesis: ii Year of the award of degree: iii. Name of the University:

(b) Department 2:

i.

ii.

iii.

(e)

Publication:

Papers Published:

Books Published:

(Please enclose the list of papers and books published and/or accepted during last five years)

Accepted:

Accepted:

Communicated:

Communicated:

PART – B

Proposed Research Work

ii	ii. Introduction					
•	Origin of the research problem					
•						
•						
	 International status 					
	 National Status 					
	 Significance of the study 					
(iii) Objectives						
(iv) Methodology						
(v) Y	ear-wise Plan of work and targets to be achieve.					
(vi) D	petails of collaboration, if any intended					
8	. Financial Assistance required					
<u>Item</u>	Estimated Expenditure					
(i)	Books and Journals					
ii	. Equipment, if needed					
_	se specify name &approx. cost) i. Field Work and Travel					
iv	7. Chemicals and glassware					

7. (i) Project Title

				Total:				
9.	Whether the teacher has received support for the research project from the UGC under Major, Minor, scheme of support for research or from any agency? If so, please indicate:							
(i) N	Name of the agency from which the assistance was approved							
ii.	Sanction letter No. and date under which the assistance was approved							
iii.	Amount approved and utilized							
iv.	Title of the pr	roject for which	th assistance was approved					
v. In case the project was completed, whether the work on the project has been published								
vi. If the candidate was working for the doctoral degree, whether the thesis was submitted a by the University for the award of degree.								
(As	summary of th	e report/thesis	in about	1,000 words may please be attached with the application)				
vii.	If the project	has not been co	omplete	d, please state thereasons				
10.	(a) Details of	the project/sch	eme cor	mpleted or ongoing with the P.I				
Name of the agency	Year		Total	Equipment/Infrastructural facilities obtained				
	Started	Completed						

Other Infrastructural facilities:

v. Contingency (including special needs)

9. Any other information which the investigator may like to give in support of this proposal which may be helpful in evaluating.

(b) Departmental facilities available for the proposed work: Equipment:

To	certify	that:

a The University/ College is approved under Section 2(f) and 12(B) of the UGC Act and is fit to receive grants from the UGC.

General physical facilities, such as furniture/space etc., are available in the Department/College.

- c. I/we shall abide by the rules governing the scheme in case assistance is provided to me/us from the Management for the above project.
- d. I/we shall complete the project within the stipulated period. If I/We fail to do so and if the Management is not satisfied with the progress of the research project, the Commission may terminate the project immediately and ask for the refund of the amount received by me/us.
- e. The above research Project is not funded by any otheragency.

Name & Signature

(a) Principal Investigator

- (b) Co- Investigator
- (i)
- (ii)
- (c) HOD (Signature with Seal)