**BEANT COLLEGE OF ENGINEERING AND TECHNOLOGY, GURDASPUR**

**Academic Autonomous Status by UGC**

**(Established by Government of Punjab)**

Submission of Project

Under

Institutional /Innovation Promotion Scheme

On

Project name

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name  | Department  | Roll no. / Designation  |
| Project coordinator |  |  |  |
| Project co-coordinator  |  |  |  |

Submitted to



Dean, RDC

Beant College of Engineering and Technology, Gurdaspur

Date of submission

**BEANT COLLEGE OF ENGINEERING AND TECHNOLOGY, GURDASPUR**

**Academic Autonomous Status by UGC**

**(Established by Government of Punjab)**

Format for project submission

**General information**

1. (a) Type of the proposed project:
* Institutional Promotion Scheme 󠅆󠅆
* Innovation Promotion Scheme 󠅆󠅆
1. Specify who would be the beneficiary of the project and why?
2. (a) Detail of project coordinator

|  |  |
| --- | --- |
| Name |  |
| Department  |  |
| Roll no. (incase student) /Designation (incase faculty) |  |
| Contact number |  |
| E-mail  |  |

(b) Detail of project co-coordinator

|  |  |
| --- | --- |
| Name |  |
| Department  |  |
| Roll no. (incase student) /Designation (incase faculty) |  |
| Contact number |  |
| E-mail  |  |
| Signature  |  |

 (c) Detail of other members if any and specify their role in the project (attach additional seat if needed)

|  |  |
| --- | --- |
| Name |  |
| Department  |  |
| Roll no. (incase student) /Designation (incase faculty) |  |
| Contact number |  |
| E-mail  |  |
| Member’s role |  |
| Signature  |  |

1. (a) Detail of project supervisor (incase project coordinator is student or faculty on contract / guest lecture etc.)

|  |  |
| --- | --- |
| Name |  |
| Department  |  |
| Designation  |  |
| Contact number |  |
| E-mail  |  |
| Signature  |  |

(b) Detail of project co-supervisor (only incase inter-departmental project)

|  |  |
| --- | --- |
| Name |  |
| Department  |  |
| Designation  |  |
| Contact number |  |
| E-mail  |  |
| Signature  |  |

(c) Detail of technical / workshop / maintenance staff, whose service is needed, if any

|  |  |
| --- | --- |
| Name |  |
| Department  |  |
| Designation  |  |
| Contact number |  |
| Signature  |  |

**Project detail**

* 1. Title of the project:
	2. Type of the project:

 Institutional Promotion Scheme 󠅆󠅆, Innovation Promotion Scheme 󠅆󠅆

 If project is under innovation promotion scheme, does it fulfill regional or national aspiration need, specify how? (up to 100 words only)

* 1. Scope of the project

 Demo-model only 󠅆, working model only 󠅆󠅆, both demo and working model 󠅆󠅆

* 1. Project summary (up to 100 words only)
	2. Objectives of the proposed project
	3. Justification of the project with respect to institutional / regional / national need (up to 100 words only)
	4. Relevance of the project in terms of growth and development of the institution / local or regional benefits / national benefits (up to 100 words only)
	5. Does the project has any commercial application or patentability? (up to 100 words only)
1. Duration of the project and activity detail / work plan

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. no.  | Activities  | Monitorable mile stone  | Duration (Months) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Project cost

|  |  |  |
| --- | --- | --- |
| Sr. no.  | Items  | Project cost (₹) |
|  |  | Own share  | Institution support sought  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Any other  |  |  |
| Total cost |  |  |

1. Have you received financial support / award for your present work from any other source? (if so please furnish details)
2. Declaration

I / we promise to complete the project within the specified time. In case I / we leave or resign the Institute before the completion of the project, then I/we promise to surrender the whole amount including the interest incurred in sanctioned amount.

I /we further declare that all the statements made in this application are true, complete and correct to the best of my / our knowledge and belief. If any information is found false or incorrect, my /our candidature will stand cancelled and my /our claims will be forfeited.

Signature of project co-coordinator Signature of project coordinator

Forwarded by

Signature of HOD

SEAL