

(To be submitted in duplicate)

**CENTRAL UNIVERSITY OF HARYANA
PROJECT SUBMISSION FORM**

1. Name of the Principal Investigator:
2. Designation:
3. Date of Birth:
4. Department/Center:
5. Name of the Co-Investigator/s:
6. Designation:
7. Date of Birth:
8. Department/Center:
9. Title of the project:
10. Tentative Duration of the Project From: To:
11. Funding Agency:
12. Details of Funding requested (**for CUH ONLY in case of multi-institutional projects**):

Recurring	Rs
1. Human Resource	
2. Consumables	
3. Travel	
4. Field testing, Demo/ Training expenses (if applicable)	
5. Contingencies/Other costs	
6. Institutional Overheads (10% of recurring)	
Total recurring	
Non-Recurring	
Grand Total (A+B)	

13. Requirement from the University
 - a. Space Nil
 - b. Funding NIL
14.
 - a. Total no. of ongoing projects with the PI:
 - b. Total no. of projects completed by the PI:

15. Details of ongoing projects (In the last 5 years)

Title of the Project	Budget (Lakhs Rs.)	Funding Agency	Duration

16. Details of on-going projects –

Title of the Project	Budget (Lakhs Rs.)	Funding Agency	Duration

We certify that no civil/electrical modifications shall be carried out without the permission of the competent authority. We will follow the norms for the operation of the projects framed from time to time by the Research Project Advisory Committee:

Signature of Investigator:

Date:

Signature of Head of the Department

Date:

Seal:

Signature of Dean (Research)

Date:

Seal: