

## BOOST 2019-20

### APPLICATION FORMAT

BOOST-I  BOOST-II  BOOST-III

1.
  - a. Name of the College/University & Year of Establishment:
  - b. Names of the participating undergraduate/post-graduate Departments:
  - c. Name of Academic Coordinator and address for correspondence including Tel. FAX, e-mail:
  - d. Year of Commencement of UG/PG Program in the Department & it's Financial Status (General/Self-financed):
2. **Status of the College?** (attach supporting documents as **Annexure-I**)  
Academic Status (Affiliated College/ Autonomous College/ Constituent College)
3. **Whether the College is accredited by NAAC or any other relevant agency.** If so, please specify the Grading or Rating by those Agencies:

Name of Agency doing the Accreditation	Grading or Rating	Year of Accreditation

4. **Details of Participating Department(s): faculty Members with Qualifications:**

Name of UG/PG Departments	Number of Faculty Members	Qualifications
		Post-graduate - Doctoral -

5. **Details of participating Department(s): number of students per discipline per academic session admitted and passed during last three years:**

Name of UG/PG Department	Admitted			Passed		
	2014	2015	2016	2017	2018	2019
For UG						
For PG	2015	2016	2017	2017	2018	2019

**6. University Rank of Students at UG/PG Level University Examinations: (if applicable)**

UG/PG Programs	University Ranks during last 3 years		
	2017	2018	2019

**7. Number of Students qualified NET/GATE/INSPIRE etc. during last 3 years in the participating departments:**

For PG Programs	Number of Students qualifying NET/GATE/INSPIRE etc. during last 3 years		

**8. Has the Departments received any major infrastructure research grant during the last five years from S&T agencies including UGC/AICTE. If yes, please provide sanction letter (Annexure-II).**

Heads	Identified Department	Year of sanction	Granting agency	Amount sanctioned per Department
Building				
Equipment				
Books				
Consumables				
Computing				
Any other				

**9. Details of research grant received by the applicant department(s) from different agencies during the last five years (Annexure-III):**

Name of the Investigator	Title of the project and duration	Amount sanctioned	Funding Agency

**10. Indicate the research activities of the faculty members as per the following proforma (Annexure-IV):**

Name and Designation of Faculty	Major areas of Research	Number of Ph.Ds produced (in last 5 years)

**11. a. List of Research Publications** in SCI Journals coming from the Department during the last five years (Authors Names, Title of Paper, Name of the Journal, Volume, Page nos., Year) (Annexure-V).

b. List of scientific/technical Books written by Faculty Members of the applicant Department(s) (**Annexure-VI**).

12. Give a list of Equipment, **which are available and functional in the Department costing Rs. 5.00 lakhs and above (Annexure-VII)**.

Name of Equipment	Year of Purchase	Status

13. Details of Undergraduate/Post-graduate Teaching & Research profile/plans of the Department for next 5 years (limited to one page) (**Annexure-VIII**).

14.a. Details of funds requested for upto 3 years:

Sl. No./Items Name	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year
	(including comprehensive maintenance cost for 3 years for instruments)		
A. Equipment (Name of each Equipment)			
B. Books and Journals			
C. Consumables			
Total			

14.b. Details of each Budget Head with full justification for each item for teaching/research as given at Item No. 14.a (**Annexure-IX**).

15. Specify the recipient of the Grant (Principal/Registrar/Any other) and agree with the **Terms & Conditions** by submitting the **Self-declaration Certificate**, given below, from Head of Institution/University.

16. Any **workshop/academic** meeting arranged in last three years? If so details of such workshop/meeting (**Annexure-X**).

Signature of the  
Coordinator (with Seal)

Signature of the Head of  
the Department (with Seal)

Signature of the Head of  
the Institution (with Seal)

**BOOST Programme 2019-20**

**SELF-DECLARATION FORMAT**



I, Dr./Smt./Sri .....

by occupation ..... residing at .....

..... do hereby declare as follows:

1. I am a citizen of India and the Principal/Registrar/Head of the Institute of .....  
..... (College/University) since ..... of  
.....  
..... (Address).
2. I commit that the benefits of the Grant-in-aid released under the BOOST Programme will be directly utilized by students and faculties of the grantee Department(s) and also other departments undertaking teaching and research in Biotechnology/Biological Science with necessary consent from the competent authority of the Department/College/University.
3. I understand that all the assets acquired from the grant will be the property of the Department of Science & Technology and Biotechnology, Govt. of West Bengal (DSTBT, GoWB). The instruments, at any point of time, may be withdrawn by the DSTBT, GoWB or utilised for any other purposes, as decided by the DSTBT, GoWB authority.
4. I shall not use the sanctioned grant-in-aid under the BOOST Programme .....  
or any part of the said amount for any other purposes or heads other than the criteria as mentioned in the Allotment/Sanction Letter.
5. I shall utilise the grant following every rules and regulations issued/ammended by the Department of Finance, Govt. of West Bengal.
6. I shall submit the Utilization Certificate, Audited Statement of Expenditure pertaining to the grant along with Progress Report and Photographic Documentation to the DSTBT, GoWB / West Bengal Biotech Development Corporation Ltd. within .....

month(s) from the date of receipt of the said grant-in-aid. Any unspent amount sanctioned will be surrendered to the Government along with the interest earned.

7. I shall abide by all the Terms and Conditions; otherwise I shall face the legal consequences.
8. I do hereby declare that the information given above and enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true at any point of time, I will have to face punishment as per any provision of Law for the time being in force as well as the benefit availed of be me or the benefit given to me shall be summarily cancelled.

(For Head of the Institution)

**Name:**

**Designation:**

**Email:**

**Mobile:**

**Office Telephone No.:**

Signed by  
(with seal & date)

.....

**Head of the  
Institution**

**BOOST Programme 2019-20**

**Mandate Form**

<b>Name of the Organisation:</b>	
<b>Account Number:</b>	
<b>Nature of Account (Savings/Current):</b>	
<b>Name of the Account Holder:</b>	
<b>Name of the Bank:</b>	
<b>Name of the Branch with Branch Address &amp; Code:</b>	
<b>IFSC of the Branch:</b>	
<b>MICR Code of the Branch:</b>	
<b>Mobile Number attached with the Account:</b>	
<b>PAN Number of the Account Holder:</b>	

Enclosure: Cancelled cheque/Photocopy of first page of Bank Passbook

**Date:**

**Signature of Authorised Person with seal**