

Application Proforma for ABCD Programme 2019-20

(Adopt Biotechnology for Community Development)

PART I : GENERAL INFORMATION

1. Name & Address of the Principal Investigator:
2. Institution:
3. Head of Institute/Organization:
4. Status of Organization:
5. Project Title:
6. Area:
7. Project Summary:
8. Total Cost of the Project:
9. Project Duration (Year and Month):
10. Multiple Institute: Yes/No (In case of collaborative project)
If Yes,
 - a) Name of the Co-PI:
 - b) Affiliation and Address:
 - c) Collaboration Details:
11. Industries Collaboration: Yes/No
If Yes,
 - a) Name of the Collaborating Industry:
 - b) Collaboration Details:
12. Scope of the work indicating anticipated product and processes:

PART II : TECHNICAL DETAILS OF PROJECT

PART –A (Proposal)

1. Details of Rural Population in the area where the project is going to be implemented
2. Project Details
 - a) Introduction
 - b) Objectives
 - c) Preliminary work done so far
 - d) Work plan
 - e) Time schedule with monitorable milestones
 - f) Expertise available with proposed investigating group/institution for implementing project
 - g) How will the project benefit the target population
 - h) Details of project implementation site
3. Linkages with S&T Institution in case of NGOs
4. Commitment/letter of consent of S & T institution to be enclosed
5. Details of raw materials/local resources needed in the project and/or availability to the project
6. Possibilities of the activity becoming self-sustainable in Years.
7. Nature of intervention, (demonstration, training, extension intervention, income generation, net working with other agencies)
8. Expected outcomes and deliverables.
9. Expected additional income and employment generation.

PART –B (Project implementing Institution/Organization)

1. Name of Institution/Organization
2. Address
3. Proposed Amount
4. Cost Sharing %

For Multi-Institution/Organization Proposals: Institute wise Objective/work Plan/Time Line to be added

1. Name of Institution/Organization
2. Address
3. Objectives (To be fulfilled by the Institution/Organization)
4. Work plan
5. Time line
6. Proposed Amount
7. Cost Sharing %
8. Whether field demonstration/extension oriented activities has to be specifically stated.

PART III : BUDGET PARTICULARS

Institute/Organization Wise Budget Proposal

Name of the Institute/Organization:

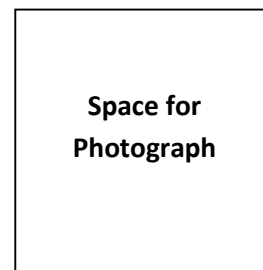
A. Non-Recurring (e.g. Equipment, accessories, infrastructure etc.)					
Name of Equipment		Year 1	Year 2	Year 3	Total
Total (A)					
B. Recurring					
B.1. Manpower					
Designation (No.)	Consolidated pay/person/month*	Year 1	Year 2	Year 3	Total
Total (B.1)					
B.2. Consumables					
Item		Year 1	Year 2	Year 3	Total
Total (B.2)					
B.3. Travel, Contingency & Other Item					
Item		Year 1	Year 2	Year 3	Total
Total (B.3)					
B.4. Over head					
		Year 1	Year 2	Year 3	Total
Total (B)					
Grand Total (A+B)					
Justification against each head must be given in separate page					

PART IV : BIO DATA OF 'PI' and/or 'CO-PI'

1. Name:
2. Designation:
3. Institute/Organization:
4. Date of Birth:
5. Gender:
6. SC/ST:
7. Education & Professional Career:
8. Professional Experiences and Training relevant to the project:
9. Award/Honours:
10. Publications:

Signature of PI and/or Co-PI

PART V : 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 organisation of since of (Address).
2. 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.
3. I shall not use the sanctioned grant-in-aid under the ABCD Programme 2019-20 or any part of the said amount for any other purposes or heads other than the criteria as mentioned in the Allotment/Sanction Letter.
4. I shall utilise the grant following every rules and regulations issued/amended by the Department of Finance, Govt. of West Bengal.
5. I shall submit year-wise Utilization Certificates, Audited Statements of Expenditure pertaining to the grant along with Progress Reports and Photographic Documentation to the DSTBT, GoWB within one year 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.
6. I shall abide by all the Terms and Conditions; otherwise I shall face the legal consequences.

7. 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 Organisation)

Name:

Designation:

Email:

Mobile:

Office Telephone No.:

Signed by
(with seal & date)

.....

**Head of the
Institution**

PART VI : REFERENCE/AUTHORISATION (if any)

ABCD Programme 2019-20

Mandate Form

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

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

Date:

Signature of Authorised Person with seal