**FORM NO. – I**

# CENTRAL SANSKRIT UNIVERSITY

**Established by an Act of Parliament**

**Under the Ministry of Education, Govt. of India 56-57, Institutional Area, Janakpuri, New Delhi-110 058**

**(Incomplete Proforma shall not be entertained)**

**APPLICATION FORM FOR FINANCIAL ASSISTANCE SPECIAL GRANTS UNDER CENTRAL SCHEMES FOR SANSKRIT/PALI/PRAKRIT LANGUAGE PROMOTION**

**Area of the Project :**

**Title of the Project :**

**Details of the Institution**

1. Name of the organization/Institution :
2. Complete postal Address :
3. Phone Number :
4. Email address :
5. a. Date of Registration (copy of Registration certificate) :

in case of NGOs/Voluntary organizations please

furnish U.I.D no. and also enclose a copy

b. Date of Registration at Darpan Portal of NITI :

Ayoga, Government of India (NGOs & Voluntary Organizations must invariably be Registered with the and submit the proof of the same).

1. Infrastructure and facilities available :
2. Background of the Institution on separate Sheet :
3. Staff available in the Institution :
4. Provide the details how the Institution is meeting the financial needs at present :
5. Major activities in promotion of Sanskrit/Pali/Prakrit

during the last 03 Years (yearwise) on separate sheet :

**Project Details**

(Following information in respect of the Project proposal may submit separately on separate sheets )

1. **Title of the Project :**
2. **Name of the Project Area :**
3. **Name of the Head of the Institution :**
4. **Phone Number & Email of the Head of the Institution :**
5. **Name and qualifications of the Staff available in the Institution :**
6. **Name and designation of the Principal Investigator (P.I.)**
7. **Details of the Projects under taken by the P.I. (completed or ongoing) :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of the**  **Project** | **Duration of**  **the Project** | **Funding**  **Agency** | **Total**  **Budget** | **Present Status**  **(Completed/ongoing)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Detailed Bio-data of the P.I. along with the List of publications (please enclose)**
2. **Experience in the proposed area :**
3. **List of publication / experience :**

**(details may be attached)**

1. **Name and designation of Co Investigator (Co P.I.)**(if any) **:**
2. **Details of the Projects under taken by the Co P.I. (if any)(completed or ongoing) :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of the**  **Project** | **Duration of**  **the Project** | **Funding**  **Agency** | **Total**  **Budget** | **Present Status**  **(Completed/ongoing)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Detailed Bio-data of the P.I. along with the List of publications (please enclose)**
2. **Experience in the proposed area :**
3. **List of publication / experience :**

**(details may be attached)**

1. **Brief introduction about Project :**

Summary of the Project/research proposal

(about 500 words) in separate sheet may be enclosed

1. **Objectives of the Project (Point wise)**

The broad Aim & Objectives of the Project emphasizing thrust area.

6. **Proposed outcome of Research**




12. **Methodology**
13. **Coverage (please attach separate sheet, if required)**
14. **Data Collection/analysis or any other activity (please specify)**

**(please attach separate sheet if required)**

1. **Proposed Budget :**

This should indicate the cost of personnel, travel (no. of days and places with justification), data processing, stationery and printing, books, journals, equipment, contingency and any other items

# Non-Recurring grants (equipment, Books & Journals etc.

# (Details to be given on a separate sheet):-

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Item** | **Amount Proposed** | **Justification** |
| i. | Equipment (in case of extreme necessity, further adequate Justification needs to be given) |  |  |
| ii. | Books & Journals |  |  |
| iii. | Others |  |  |
|  |  |  |  |
|  | Total |  |  |

**Recurring grants ( Details to be given on a separate sheet):-**

(Details to be given on a separate sheet):-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Item** | **Amount Proposed Yearly** | | | **Total** |
| Ist Year | IInd yr. | IIIrd yr. |
| i. |  |  |  |  |  |
| ii. |  |  |  |  |  |
| iii. |  |  |  |  |  |
| iv. |  |  |  |  |  |
| v. |  |  |  |  |  |
| vi. |  |  |  |  |  |
| vii. |  |  |  |  |  |
| viii. |  |  |  |  |  |
|  | Total |  |  |  |  |

# Total Budget

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Item** | **Amount Proposed Yearly** | | | **Total** |
|  |  | Ist Year | IInd yr. | IIIrd yr. |
| i.  ii. | **Non-Recurring grants Recurring grants**  **Grand Total** |  | | |  |
|  |  |  |

(\*) In case of Financial Assistance for honorarium to scholarship/ research associates and office staff salary, the details of the same may be enclosed.

1. **How many pages of books of outcome, if applicable :**
2. **How many copies of the books will be printed :**
3. **Time Budgeting**

|  |  |  |
| --- | --- | --- |
| **Year/Month** | **Activities** | **Budget (Item wise)** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Other relevant details, if any required :**

**Declaration :** We hereby declare that the information given by us in the Application is true, complete and correct to the best of our knowledge and belief and that nothing has been concealed or distorted. If any point of time, we are found to have concealed/distorted any information or given any false statement, our application shall liable to be summarily rejected/terminated without notice or compensation.

**Date & Signature of Co-PI Investigator**

**Signature of Principal**

**Investigator**

**Signature of forwarding authority/Head of the Institution alongwith Seal**

(Name, Designation and signature of the Authorized Signatory)

**FORM NO. – II**

### NAME OF THE INTITUTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERTAKING/DECLARATION TO BE SUBMITTED BY THE PRINCIPAL INVESTIGATOR/ CO-PRINCIPAL INVESTIGATOR OF THE PROJECT AND HEAD OF THE INSTITUTIONS.**

# Sub :- Undertaking/Declaration for Acceptance of the Project.

APPROVED PROJECT TITLE ……………………………………………………………………………….

Code of the Project………..………………… Budget ………………………………….

1. Name of the Head of the Institutions………………………………………………………………………

2. Name of the Principal Investigator………………………………………………………………………....

3. Name of the Co-Principal Investigator (if applicable) ……………………………………………….

I/We Prof./Dr./Sri working as Principal/Director/Professor/ Associate Professor/Assistant Professor/Contract Teacher/Guest Teacher in ………………………. do hereby declare as under: -

1. That I/We will complete the above titled Project within the prescribed period and as per approved guidelines and recommendations of the Expert Committee.
2. I/We received a sum of Rs. ..……………./- (Rupees …………………………………………Only) on account of Special Grant through PFMS/E-Transfer in our Institution account number …………………………………………… and IFSC Code…………………………………………………….. from the Central Sanskrit University, Delhi.
3. I/We will utilize the grant for the purpose for which it is sanctioned and released.
4. I/We will ensure to follow the Guidelines of Special Grant.
5. I/We will abide by the rules and provisions made by the University from time to time with regard to the Central Schemes/Special Grant.
6. I/We will ensure to abide by the conditions of the grants in aid by the target dates, specified in the letter of sanction by the University vide letter F.No…………………………………………. dated …………………...
7. I/We will ensure not to divert the grants or entrust execution of the scheme concerned to other Heads/Projects/Institution (s) or organization (s).
8. If a part of the grant remains unspent or unutilized or the progress of the project is not satisfactory, I/We agree to refund the unspent balance/total received grant along with interest @ 10% per annum unless it is agreed to be carried forward.

|  |  |
| --- | --- |
| Signed:  Name:  (Co-Principal Investigator)  (If applicable) | Signed:  Name:  (Principal Investigator) |
| **Signature of forwarding authority/Head of the Institution alongwith Seal**  (Name, Designation and signature of the Authorized Signatory) | |