

INDEX

Manual for (PACE)

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Step 1: Basic Information

Basic Information

- Proposal Category

- Name Of The Organization

Select the organization name from the select box.

If your organization is not listed in the drop down, then please register your company through Registration Page.

- Title of Proposal

Write the brief name of proposal which is not exceeding 250 characters.

- Proposal Duration

Select the duration of the proposal.

- How did you come to know about the call for proposals

Select the appropriate option accordingly.

- Relevant Area

Select relevant area accordingly.

- Type of Collaboration Sole collaborators

Choose one of the radio button accordingly.

In type of collaboration when you choose “collaborators”, a select box will be appeared.

- No. of Collaborators

Here you have to choose the number of collaborators and click the “Enter Collaborators Details” button. After click on “Enter(s) Details” button, there is a number of rows of collaborator Details according to your selection. You have to fill the details here.

Collaborator Details

| Sr No. | Collaborator Name | Collaborator Type |
|--------|-------------------|-------------------|
| 1 | | |
| 2 | | |

Fill all the details accordingly.

Accept the Terms and Conditions [Click here to read Terms & Conditions.](#)

Check the Term and conditions.

Save your form.

Reset all your fields.

Step 2: Particular of the Applicant Institution

- Particulars of the Applicant Institution

Institution Details

Name of the Institution Alfa University

Address1: RZ-3B/215, Address2: J Block

Contact Details

Street/Village West Sagarpur City/Town New Delhi

State Delhi Country India

Pin/Zip code 110003 Landline +91-11-24389600

Fax +91-11-24389611 Website www.rishichandil.in

Above details are automatically comes while you are in applicant details page. These are the details which you filled at the time of registration.

Brief Background of the Institution

*Year of Establishment Of

*Recognition or Accreditation Status

*Please upload registration/recognition certificate from a statutory body

*R&D Activities (Area)

*Source of Core Funding

*Has The Company Received/Applied For Funding From Government/Any Other Agency For The Same Or Related Project?

○ ○ Yes No

If yes, then give details of funding received/ requested by the Institute for the submitted proposal or technically related proposal from other funding agencies (indicating the Project Title, Amount Received/Approved, Funding Agency and Current Status of the Project.)

If you choose “yes”, a “Number of Times” select box will appeared. You have to choose the number and click on “Enter Details” button.

Number of Times

Enter Details

After clicking on “Enter Details” button a “Funding Details” box will be appeared according to your selection in “Number of Times” select box.

Funding Details

| Project Title | Funding Agency | Total Project Cost (Rs. In Lakhs) | Present Project Status | Date of Start | Date/Date of Completion | Amount Received As Grant-In-Aid (Rs. In Lakhs) | Amount Received As Loan (Rs. In Lakhs) | Total Approved Cost (Rs. In Lakhs) |
|----------------------|----------------------|-----------------------------------|------------------------|----------------------|-------------------------|--|--|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Select | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Have you been associated with any other BIRAC funding scheme? If Yes, List all the projects previously submitted by the Institute with BIRAC as per the attached format

| Scheme | Reference No. | Status | Proposal Status(Ongoing/Completed/Rejected/Withdrawn / Foreclosed/Terminated) |
|--------|----------------------|----------------------|---|
| Select | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Add

Delete

Fill all the details accordingly.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Save your form.

Reset

Reset all your fields.

Cancel

Cancel your form and it return you to main page

Step 3: Principal Key Investigator Details

| Principal Key Investigator Details | | | |
|---|---|----------------------|---|
| *Title | <input type="text" value="--Select--"/> | | |
| *First Name | <input type="text"/> | *Last Name | <input type="text"/> |
| *Designation | <input type="text"/> | *DOB | <input type="text" value="DD-MM-YYYY"/> |
| *Gender | <input type="radio"/> Male <input type="radio"/> Female | *Highest Qua. | <input type="text"/> |
| *Email | <input type="text"/> | | |
| *Address1 | <input type="text"/> | Address2 | <input type="text"/> |
| *Street/Village | <input type="text"/> | *City/Town | <input type="text"/> |
| Pin/Zip Code | <input type="text"/> | | |
| *State | <input type="text" value="--Select--"/> | Country | <input type="text" value="--Select--"/> |
| Landline | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobile | <input type="text"/> | <input type="text"/> | |
| *Please Upload Resume in Prescribed Format | <input type="button" value="Browse"/> | <input type="text"/> | |

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

Please Upload Industry's Authorisation Letter to for Submission of Proposal in Prescribed Format

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

* Fill all the mandatory details for Primary key investigator details.

If you don't want to save this form now. You save it next time with modification.

Save your form.

Cancel your form.

Step 4: Applicant Team Members

Applicant Team Members

| S. No | Name | Designation | Email | Landline | M | Add New | Re | Close |
|-------|--------------|------------------|--|--------------|------------|---------|-----------|-------|
| 1 | RishiChandil | Junior Assistant | ris@gmail.com | 011-24389600 | 9999999999 | | View File | Edit |

The table data automatically added when you fill the form, which is appeared when you clicked on "Add New" button.

Key Investigator Details

Title

First Name

Last Name

Gender

 Male Female

Designation

Landline

Mobile

Email

Please Upload

Resume in **Prescribed Format** ([Click for the prescribed format](#))

Fill all the mandatory fields accordingly.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Close

Step 5: Shareholding Pattern of the Applicant Organization and Collaborators

Shareholding Pattern of the Applicant Organization and Collaborators

| S. No. | Category of shareholder | Number of shareholders | Total number of shares | Total shareholding as a % of total number of shares | Nature of Shares Equity Preference |
|--|--|--------------------------------|--------------------------------|---|------------------------------------|
| Shareholding of promoter & Promoter Group | | | | | |
| 1. Indian | | | | | |
| 1.a | Indian Citizen | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1.b | Indian Organization | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1.c | NRI holding Indian Passport (Does not include OCI/PCI) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Foreign | | | | | |
| 2.a | Foreign NRI | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.b | Foreign Individual | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.c | Foreign Company | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0.00"/> | |
| Public Shareholding | | | | | |
| 1. Indian | | | | | |
| 1.a | Indian Citizen | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1.b | Indian Organization | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1.c | NRI holding Indian Passport (Does not include OCI/PIO) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Foreign | | | | | |
| 2.a | Foreign-NRI(OCI/PIO) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.b | Foreign Individual | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.c | Foreign Organization | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0.00"/> |
| Grand Total | | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0.00"/> |

Fill all the mandatory fields' details accordingly.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Cancel

Reset

ds

Step 6: PARTICULARS OF THE COLLABORATOR(S)

The number of collaborators you enter in basic information form will be appeared in following form:

| S.No. | Collaborator Name | Collaborator Type | Status |
|-------|---------------------|-------------------|---------|
| 1 | Collaborator Name 1 | Institution | Pending |
| 2 | Collaborator Name 2 | Company | Pending |

Click on "Collaborator Name" then a form will be open Fill the details of the Partner Details and Key investigator Details accordingly.

Step 7: Collaborator(s) Team Members

Collaborator Team Members

| S. No | Collaborator | Name | Designation | Email | Landline | Mobile | Resume | Edit |
|-------|--------------|------|-------------|--------------|-------------|-----------|-----------|------|
| 1 | Collab1 | XYZ | ABC | xy@gmail.com | 0122-541269 | 997536526 | View File | Edit |

The table data automatically added when you fill the form, which is appeared when you clicked on "Add New" button.

Key Investigator Details

Collaborator

Title

First Name

--Select--

--Select--

Last Name

Male Female
Gender

Designation

Landline

Mobile

Email

Please Upload

Resume in **Prescribed Format** ([Click for the prescribed format](#))

Fill all the mandatory fields accordingly.

If you don't want to save this form now. You save it next time with modification.

Step 8: MOU

Note: Please upload a copy of signed MoU between the Applicant Company and Collaborator(s). However, this upload is non – mandatory.

Note: If MoU is not yet finalized, please click on save button and the status of current page would automatically change to done.

Please Upload a Signed Copy of MoU With The Collaborator(s).

| Collaborator(s) | Upload(MOU) | View File |
|---------------------|--|-----------|
| Collaborator name 1 | <input type="button" value="Browse"/> <input type="text"/> | No File |
| Collaborator name 2 | <input type="button" value="Browse"/> <input type="text"/> | No File |

Choose the MOU Files accordingly.

If you don't want to save this form now. You save it next time with modification.

Close

Close the form.

Step 9: Proposal Summary**Proposal Summary***** 1. TRL Status****Current TRL****Expected TRL**
 New Facility Strengthening of existing facility
TRL Details

If you choose "New Facility" the following form will be appeared–

*** 2.1 Aim/Objective of the proposal**

2.2 Novelty of the proposal*** Not more than 180-200 words**

Essence of The Study Highlighting The Following*** 3.1 Significance and Impact/Value of the Proposal**

*** 3.2 Rationale**

*** 3.3 Inventive Step/Innovation**

*** 3.4 Scope of Industrial Application**

*** 3.5 National Importance / Social Relevance**

*** 3.6 Commercialization Potential**

*** 3.7 Potential Competitors**

*** 3.8 Risk Factors**

* 3.9 Has the Preliminary work done so far. If yes Yes No
Please upload the preliminary data available

If you click on "Yes" the following field are appeared

Upload the preliminary (If available)

Browse
View file

(Only pdf Allowed)

* 3.10. National and International status Of proposed technology or product.

* 3.11. Business Strategy

4. Is this Proposal Based on IP Owned by The Applicant/Collaborator/Licensed From Abroad? Yes No

If you click on "Yes" the following field are appeared

* Provide Details of IP Applicant Collaborator Licensed Ownership By Jointly by Company & Collaborator

* Upload Patent/Patent Applied for License Agreement

Browse
View file

(Only pdf Allowed)

Anticipated Outcome / Deliverables

5.1

5.2

5.3

5.4

5.5

Relevant references

6.1

6.2

6.3

6.4

6.5

7. Have you ever submitted this related proposal before under any of the BIRAC Schemes? No Yes

If you click on "Yes" the following field are appeared

| Select | Proposal reference No. | Proposal Title | Proposal Status | BIRAC Scheme |
|--------------------------|------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Fill all the mandatory fields accordingly.

If you don't want to save this form now. You save it next time with modification.

Reset all fields

Step 10 : IP DETAILS

IP DETAILS

** Note: Please select and remove unused rows.
* Note: All fields are mandatory and should not exceed 200 words*

1. IP Status

1.1 Details of Background IP generated so far and possibility of generating new IP through this project

1.2 Countries/jurisdiction where the applicant intends to practice/market the proposed technology

1.3 List Of Patents That Appear To Cover Any Part Of The Technology Of Interest Or Similar (And Possibly Overlapping) Technologies And Thereby Restrict The Freedom-To-Operate In The Envisaged Area.

| | | | Add | | Remove |
|--------------------------|---|---|---|--|--|
| Select | Patent Number | Patent Title | | | |
| <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | |

1.4 How Would The Present Proposal Be Able To Counter The Above Restrictions?

1.5 List The Various Patented Technologies / Processes / Products That Would Be Made Use Of For Manufacturing / Commercialization Of The Proposed Product / Process Along With The Status Of The Patents. Whether Permission / License For Use If Such A Patent Owned / Being Sought For By The Company?

2. In Case The Technology Is Licenced From Abroad, Status Of Independent Validation In The Country Is To Be Provided Clearly

3.1. Regulatory Approvals and Protocols

| | | | Add | | Remove |
|--------------------------|---|--|---|--|--|
| Select | Regulatory Approvals | Status Approvals obtained/ Approvals in process/ Applications yet to be submitted to the concerned authorities | | | |
| <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | |

Add Remove

3.2.B. Protocols: Protocol in the prescribed format required by the concerned agency for giving approvals

- Save as Draft
- Save
- Reset
- Close

If you don't want to save this form now. You save it next time with modification.

Step 11: Regulatory Details

Regulatory Details

DCGI Approval Yes No

If you click on "Yes" the following f

Browse

Upload

Browse DCGI Approval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

RCGM & GEAC Approval Yes No

If you click on "Yes" the following field are appeared.

Upload

Browse

Browse RCGM Approval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

National Biodiversity Approval Yes No

If you click on "Yes" the following field are appeared.

Upload

Browse

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

Pollution Control Board Approval Yes No

If you click on "Yes" the following field are appeared.

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

Any other Approval Yes No

If you click on "Yes" the following field are appeared.

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

Step 12: Proposal Objective and Timelines

PROPOSAL OBJECTIVES & WORKPLAN

* Please indicate overlap of any objective funded by any other funding agency/ (ies). Kindly provide disclosure amendments.

* Indicate how each objective is exempted for Service Tax, in case exemption is desired.

| Objective | Methodology/Experimental Design Detailed Work Plan | Alternate Strategies | Process Indicator for Measuring Success |
|----------------------|--|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Fill all the necessary fields.

Save

Reset ds.

Cancel

Step 13: Objective Wise Activities & Timelines

Objective Wise Activities & Timelines

Note: Please Select and Remove Unused Rows

This form appeared you if you filled the previous form "SPECIFIC PROJECT PLAN AND DELIVERABLES".

| Select | Activities | Month of Start of Activity | Month of End of Activity | Indicators Of Progress | Role of Academia(Please enter details) | Role of Partner |
|-------------------------------------|------------|----------------------------|--------------------------|------------------------|--|-----------------|
| <input checked="" type="checkbox"/> | | 0 | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |

Add More

Remove

Please enter 1st Milestone under 2nd Objective :

| S. No | Milestone | Month of Start of Activity | Month of End of Activity |
|-------|-----------|----------------------------|--------------------------|
| 1. | | 0 | |

Objective: Test objective 2

| Select | Activities | Month of | Month of | Indicators | Role of | Role of |
|--------|------------|----------|----------|------------|---------|---------|
|--------|------------|----------|----------|------------|---------|---------|

| | | Start of Activity | End of Activity | Of Progress | Academia(Please enter details) | Partner |
|-------------------------------------|----------------------|----------------------|----------------------|----------------------|--------------------------------|----------------------|
| <input checked="" type="checkbox"/> | <input type="text"/> | 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please enter 2nd Milestone under 2nd Objective :

| S. No | Milestone | Month of Start of Activity | Month of End of Activity |
|-------|----------------------|----------------------------|--------------------------|
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Fill all the necessary fields.

ds.

Step 14**GANTT/PERT Chart**

Quarterly Timelines/Minimum Work Programme/Milestones for Quantifiable Outputs

Upload Chart :

Save

Cancel

Step 15: Proposal Milestones

Browse

Proposal Milestones

Note: - Please Select At least 3 Activities as Monitor able

Milestones for Release of Instalments.

| S. No | Milestones | Month of End of Activity | Description |
|-------|----------------------|--------------------------|----------------------|
| *1. | <input type="text"/> | --NA-- | --NA-- |
| * 2. | <input type="text"/> | --NA-- | <input type="text"/> |
| *3. | <input type="text"/> | --NA-- | <input type="text"/> |
| *4. | <input type="text"/> | --NA-- | <input type="text"/> |
| *5. | <input type="text"/> | --NA-- | <input type="text"/> |

Fill all the mandatory details.

Before "Save" the form you have to click "Select/Update Milestone" button.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Save your form.

Reset

Reset all the fields.

Cancel

our form.

Step 16: Budget Justification (Available)**Available Equipment Details****Details of Equipment Available for this Project with Applicant**

Note: Please select and remove unused rows.

| Select | Name of Equipment | Units |
|--------------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Fill all the mandatory details.

Add More

Remove

Details of Equipment Available for this Project with Collaborators(s)**Collaborator Name****Institutions**

| Select | Name of Equipment | Units |
|--------------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Fill all the mandatory details.

Add More

Remove

Save as Draft

Save

Reset

Cancel

If you don't want to save this form now. You save it next time with modification.

ds.

Step 13: Proposed

Proposed Equipment's & Accessories Details

Details of Equipment Proposed To Be Acquired Through BIRAC

Note: Please select and remove unused rows.

| Select | Infrastructure/Equipment | Capacity | Quantity | Specific Requirement in the Project | Total Estimated Value (Rs. In Lakh) |
|--------------------------|--------------------------|----------------------|----------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total * | | | | | |

Add More

Remove

Accessories to Be Acquired (Rs in Lakh)

| | | | | | | | |
|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

[Add More](#)[Remove](#)

Fill all the mandatory fields.

[Save as Draft](#)[Save](#)[Reset](#)[Cancel](#)

If you don't want to save this form now. You save it next time with modification.

ds.

Manpower (scientific and technical) to be hired for the project through BIRAC Contribution for Collaborators

| Select | Position | No. of Position | Collaborators Where Manpower Is To Be Positioned | Minimum Qualification | Experience (In Year) | Age Limit, if any (In Years) | Duration For Which To be hired (in Years) | Role in the Project | Proposed Annual Salary (Rs. In Lakh) | Total Cost |
|--------------------------|----------------------|----------------------|--|-----------------------|----------------------|------------------------------|---|----------------------|--------------------------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | Select | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | Select | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | Select | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | Select | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | Select | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Reset

ds.

Cancel

Step 16: Details of Manpower (Consumable Details)

Consumable Details

Through Applicant / BIRAC Contribution for Applicant

Note: Please select and remove unused rows.

| Select | Items | Quantity | Units (e.g. g/ml etc.) | Approximate Cost (Rs. In Lakhs) | Justification for the Requirement |
|--------------------------|----------------------|----------------------|------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Add More

Remove

Total Amount Required For Consumable

0.00

Through BIRAC Contribution For Collaborators(s)

| Select | Items | Quantity | Units (e.g. g/ml etc.) | Approximate Cost (Rs. In Lakhs) | Justification for the Requirement | Collaborators |
|-------------------------------------|----------------------|----------------------|------------------------|---------------------------------|-----------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Select"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Select"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Select"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Select"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Select"/> |

Fill all the mandatory fields.

Add More

Remove

Total Amount Required For Consumable

0.00

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Reset

ds.

Cancel

Step 17: Details of Manpower (Justification for Other Recurring Heads)

Justification for Other Recurring Heads

Through Applicant / BIRAC Contribution for Applicant

| Travel Cost (Rs. In Lakh) | Travel Justification | Contingency Cost (Rs. In Lakhs) | Contingency Justification | Overhead Cost | Overhead Justification |
|------------------------------|-------------------------|------------------------------------|------------------------------|------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

Through BIRAC Contribution for Collaborators(s)

| Collaborators(s) | Travel Cost (Rs. In Lakh) | Travel Justification | Contingency Cost (Rs. In Lakhs) | Contingency Justification | Overhead Cost | Overhead Justification |
|------------------------------|------------------------------------|-------------------------|---------------------------------------|------------------------------|----------------------|---------------------------|
| Name of the Collaborators | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Fill all the mandatory fields.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Reset

ds.

Cancel

Step 18: Details of Manpower (Details on Work to be outsourced)

Details on Work to be outsourced

Note: Please select and remove unused rows.

| Select | Work Proposed To Be Outsourced | Name of the Institute/Organization to Whom it is Proposed to be Outsourced | Whether The Applicant has Already Signed any Contract With this Institution/Organization | Estimated Cost Involved In (Rs. In Lakhs) |
|--------------------------|--------------------------------------|---|---|---|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total

0.00

Add More

Remove

% of Contribution By The Applicant of the above Total Cost: %

Contribution By the Applicant:

Support Requested from BIRAC:

Fill all the mandatory fields.

Save as Draft

Save

Reset

Cancel

If you don't want to save this form now. You save it next time with modification.

ds.

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Step 19: Details of Manpower (Other Financial Details)

Other Financial Details

1. Details of the Other Sources of Funding Received/Requested/Committed For the Proposed Study. Please Include Government, Private, International Any Other Source

2. Funding Received So Far/Approved By Any Of The Government Agencies To The Applicant To Carry Out Any Other Activity During The Last Five Years(Give Details Like Project Title, Amount Received/Approved, Funding Agency And Status Of The Project)

Save as Draft

Save

Reset

Cancel

If you don't want to save this form now. You save it next time with modification.

ds.

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Step 20: BUDGET DETAILS OF THE APPLICANT INSTITUTE**Non Recurring Cost (Rs in Lakhs)****Name of Applicant: ABC****Collaborator Type -Institutions**

| Equipment (A) | Accessories (B) | Total (A+B) | Total Support requested from BIRAC (Rs in. Lakhs) |
|---------------|-----------------|-------------|---|
| 0.00 | 0.00 | 0.00 | 0.00 |
| Grant-In-Aid | | | |

B. Recurring Cost (RS in Lakhs)

| Manpower (A) | Consumables (B) | Travel | Contingency | Total (A+B+C+D) | Total Support requested from BIRAC (Rs in. Lakhs) |
|--------------|-----------------|--------|-------------|-----------------|---|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Grant-In-Aid | | | | 0.00 | 0.00 |

You just need to review the calculation and save the form.

Save

Cancel

Step 21: BUDGET DETAILS OF THE COLLABORATOR**Non Recurring Cost (Rs in Lakhs)****Name of Applicant: ABC****Collaborator Type -Institutions**

| Equipment (A) | Accessories (B) | Total (A+B) | Total Support requested from BIRAC (Rs in. Lakhs) |
|---------------|-----------------|-------------|---|
| 0.00 | 0.00 | 0.00 | 0.00 |

B. Recurring Cost (RS in Lakhs)

| Manpower (A) | Consumables (B) | Travel (C) | Contingency (D) | Overhead Cost(E) | Total (A+B+C+D+E) | Total Support requested from BIRAC (Rs in. Lakhs) |
|--------------|-----------------|------------|-----------------|------------------|-------------------|---|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

You just need to review the calculation and save the form.

Save

Cancel

Step 22: Details of Manpower (Budget Summary)**Budget Summary**Name of Company **Test Company**

Contribution by Applicant and Collaborators

Applicant

Sub Total (A):

0.00

| Support Requested From BIRAC : | | Grant in Aid | Loan |
|---------------------------------|------|--------------|-------|
| Applicant | 0.00 | 0.00 | 0.00 |
| Collaborators Name | 0.00 | 0.00 | -N.A- |
| Sub Total (B): | 0.00 | 0.00 | -N.A- |
| Total Project Cost (A+B) | | | 0.00 |

You just need to review the calculation and verify the form.

Verify

Cancel

Step 23: DECLARATION DOCUMENT**DECLARATION**

* Please Upload the Declaration Document :

Browse

Please upload only pdf files

Save

Cancel

Step 24:Final Submission

Final Submit

- * Review all your forms whom status is “DONE” after review click on “Final Submit” Button.
- * Make sure all the forms has status “DONE”, before you click on “Final Submit” Button.