



## KERALA BIOTECHNOLOGY COMMISSION

### PROFORMA FOR SUBMISSION OF PROJECTS UNDER YOUNG INVESTIGATOR'S PROGRAMME IN BIOTECHNOLOGY (YIPB)

<b>I</b>	<b>PART I. GENERAL INFORMATION</b>
	<ol style="list-style-type: none"><li>1. Name of the Principal Investigator (PI)</li><li>2. Designation &amp; Institutional Address of the PI</li><li>3. Contact details<ol style="list-style-type: none"><li>a. Phone No.</li><li>b. Mobile No.</li><li>c. E.mail.</li></ol></li><li>4. Name of the Institute/University submitting the Project Proposal</li><li>5. Project Title</li><li>6. Specific Area</li><li>7. Duration (years)</li><li>8. Total Cost of the Project (Rupees)</li><li>9. Is the Project Single Institutional or Multiple Institutional? (Single/Multiple)</li><li>10. If the project is multiple Institutional, please furnish the following<ol style="list-style-type: none"><li>a. Name of the Co-PI</li><li>b. Affiliation and Address</li></ol></li><li>11. Scope of the work indicating anticipated product and processes</li><li>12. Project Summary with relevance and the expected outcome (Not to exceed One page)</li></ol>

<b>II</b>	<b>PART II. PARTICULARS OF INVESTIGATOR (S)</b>				
<p>1. Name of the Principal Investigator</p> <p style="margin-left: 40px;">a. Date of Birth</p> <p style="margin-left: 40px;">b. Designations and Address (including Telephone No, Mob No and email)</p> <p style="margin-left: 40px;">c. Number of Projects being handled at present</p> <p>2. Name of the Co-Investigator</p> <p style="margin-left: 40px;">a. Date of Birth</p> <p style="margin-left: 40px;">b. Designations and Address (including Telephone No, Mob No and email)</p> <p style="margin-left: 40px;">c. Number of Projects being handled at present</p>					
<b>III</b>	<b>PART III. TECHNICAL DETAILS OF THE PROJECT</b>				
<p>(a) Introduction (not to exceed 2 pages or 1000 words)</p> <p>(b) Rationale of the Study</p> <p>(c) Hypothesis</p> <p>(d) Current Status of research and development in the work (both international and national)</p> <p>(e) Relevance and expected Outcome of the proposed study</p> <p>(f) Preliminary work done so far if any</p> <p>(g) Specific Objectives (in brief indicating the methods to be followed for achieving the objective and verifiable indicators of progress should follow each specific objective)</p> <p>(h) Work Plan (methodology/experimental design to accomplish the stated aim)</p> <p>(i) Connectivity of the participating institutions and investigator if any</p> <p>(j) Alternate strategy if any (if the proposed experimental design or method does not work what is the alternate strategy)</p> <p>(k) Time Lines (Please provide quantifiable outputs)</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Period of Study Target (Months)</td> <td style="width: 40%; padding: 5px;">Achievable</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Period of Study Target (Months)	Achievable		
Period of Study Target (Months)	Achievable				

(l) Name and address of five experts in the field

**IV PART IV. BUDGET PARTICULARS**  
**(Please give justification for each head separately)**

No.	Item	Year 1 (Rs.)	Year 2 (Rs.)	Year 3 (Rs.)	Total (Rs.)
A.	Recurring				
1.	*Fellowship @Rs. 35,000/- PM **Manpower				
2.	Consumables				
3.	Travel				
4.	Contingency				
B.	Non-Recurring				
5.	Equipment (Generic Name with minimum required accessories, make & model & Cost in Indian Rupees)				
Sub-total					
6.	Overhead charge				
<b>GRAND TOTAL</b>					

\* Applicable to Scientists having no regular employment or not drawing any fellowship/salary during the project tenure.

\*\* Project Fellow @Rs. 22,000/- per month & Technical Assistant Rs 19,000/- per month - Applicable for researchers holding regular position.

**V PART V. DETAILS OF EXSITING FACILITY**  
**(Resources and other Information)**

1. Laboratory
  - a. Manpower
  - b. Equipment
  
2. Other resources such as Clinical Material, Animal House facility, pilot plant facility etc.

VI

**PART VI. PROFORMA FOR BIOGRAPHICAL SKETCH OF INVESTIGATORS**

(Provide the following information for the key personnel both of **PI and Co-PI** in the order listed on PART II)

- a. Name, Designation & Address
- b. Date of Birth
- c. Whether belonging to the category SC/ST
- d. Education (Post Graduation onwards & Professional career)

No.	Institution	Degree Awarded	Year	Field of Study

- e. Position and Employment (Starting with the most Recent Employment)

No.	Institution	Position	From (Date)	To (Date)

- f. Honours/Awards
- g. Professional Experience and Training relevant to the Project
- h. Publications (Numbers only)
  - 1. Books
  - 2. Research papers
  - 3. General Article
  - 4. Patents
  - 5. Others
- i. Selected Peer-reviewed Publication (List Ten Best publications in chronological order)

j. List maximum of five recent publications relevant to the proposed area of work

k. Details of Ongoing Research Projects

No.	Title of the Project	Funding Agency	Amount (Rs.)	Date of Sanction and Duration

l. Details of Completed Research projects

No.	Title of the Project	Funding Agency	Amount (Rs.)	Date of Completion

Name & Signature of PI/CoPI

Place

Date

**VIII PARTVIII. DECLARATION /CERTIFICATION**

- a) This is to certify that Dr....., the PI/Co-PI in the Project entitled "....." will assume full responsibility for implementing the project
- b) The research work proposed in the scheme/project does not in any way duplicate the work already done or being carried out elsewhere on the subject.
- c) The same project proposal has not been submitted to any other agency for financial support.
- d) The date of appointment starts from the date on which the University/Institute receives the project fund from the Kerala Biotechnology Commission/KSCSTE and the emoluments for the manpower proposed are as per the rules of KBC, KSCSTE.
- f) The Investigator will be governed by the rules and regulations of the University/ Institute and will be under administrative control of the University/ Institute for the duration of the project
- g) The grant-in-aid by the KSCSTE will be used to meet the expenditure on the project and for the period for which the project has been sanctioned as indicated in the sanction letter/ order.
- h) No administrative or other liability will be attached to the Kerala Biotechnology Commission/KSCSTE at the end of the project.
- i) The University/ Institute will take into its books all assets received under this

sanction and its disposal would be at the discretion of Kerala Biotechnology Commission/KSCSTE.

- j) It is agreed that any research outcome or intellectual property right(s) on the invention(s) arising out of the project shall be taken in accordance with the instructions issued by IPR cell of KSCSTE and with the approval of Kerala Biotechnology Commission/KSCSTE.
- k) If the project involves the utilization of genetically engineered organisms, we agree to submit an application through our Institutional Biosafety Committee. We also declare that while conducting experiments, the Biosafety Guidelines of the Department of Biotechnology would be followed in toto.
- l) If the project involves field trials/experiments/exchange of specimens, etc. we will ensure that ethical clearances would be taken from concerned ethical Committees/Competent authorities and the same would be conveyed to the KBC, KSCSTE before implementing the project.
- m) The Institute/University agrees that the equipment, other basic facilities and such other administrative facilities as per terms and conditions of the grant will be extended to investigator(s) throughout the duration of the project.
- n) The Institute assumes to undertake the financial and other management responsibilities of the project.

**Name & Signature of Executive Authority of Institute/University with seal**

**Date:**

**Name & Signature of Principal Investigator:**

**Date:**

**Name & Signature of Co-Investigator**

**Date:**

Details of Fund Receiving Authority & Bank Account  
(To be furnished at the time of submission of the application in the below format)

ELECTRONIC CLEARING SERVICE FACILITY  
FOR RECEIVING PAYMENTS

Details of Account Holder

Name of the Institution	
Contact Address	
Telephone No.	
E.Mail ID of the DIR/REG/AO/FO	

Bank Account Details

Institution Account Name (as per Bank Record)	
Account No.	
IFS Code	
Bank Name (in full)	
Branch Name	
Branch Address	
MICR No.	
Account Type	

Certified that the Institute's account is NEFT/RTGS enabled branch. I hereby declare that the particulars given above are correct and complete.

Name, Signature and address of  
The PI / Co-ordinator

Name, Signature and address of  
Competent Authority (DIR / REG / AO / FO)

Institution Seal