INNOVATION GRANT

INDIA INNOVATION CENTRE FOR GRAPHENE, KOCHI

PROFORMA FOR SUBMITTING THE PROJECT PROPOSAL

1. *Title of Project*:

2. *Organization*:
   a) *Name:*
   b) *Address:*
   c) *Year of establishment:*
   d) *Legal status (indicate if Startup, Private Company, Government Department, Statutory, Corporate Body, Registered Society, Non-Governmental Organization (NGO) etc):*

3. *Project Lead:*
   a) Name :
   b) Designation :
   c) Department :
   d) Mobile/Phone Number:
   e) E-mail Address :

4. *Background/Experience of Project Lead in Project Area*:

5. *Objective of the Project:*

6. *Brief outline of the project with specific technology fall-outs:*

7. *Expected outcome in physical terms (as applicable):*

8. *Duration of Project :*

9. *Detailed description of the Project:*

10. *Need, forecast and urgency for the technology proposed to be developed with justification:*

11. *Details regarding specific manner in which know-how generated here is envisaged to be translated into production:*

12. *Proposed integration of problem statement:*

13. *Quarter-wise break-up of physical achievements with specific intermediate milestones (in terms of aims and objectives):*

14. *Market potential:*

15. *Name of other organisations, if any, jointly participating in the project:*

16. *Budget*

(Rs. In Lakhs)

Sl. No	Head	Total	Part of (3) to be borne by participating/ other organisation	Amount payable by IICG
1	2	3	4*	5
1	Manpower			
2	Consumables			
3	Contingencies			
4	Travel			
5	Any other head (No Overhead)			
	Total			
Total: Rs		**IICG: Rs.**		**Others: Rs.**

*** No Capital Budget for Equipment, Software, etc.**

Annexure I

Endorsement by Authorized Signatory

1. I have read the terms & conditions governing the Innovation Grant and I agree to abide by them.
2. I certify that I have no objection to the submission of this research proposal for consideration by the IICG.
3. In case the project is approved, I undertake to make available facilities to carry it out, to arrange for the submission of periodic progress reports and other information that may be required by the IICG and in general to ensure that the conditions attached to the award of such grant are fulfilled by my institution/organisation.
4. I certify that in case present Project Lead is not available for any reason to continue work on this project, the following persons will be available to carry it throughout to completion:

   Sl.No. Name Designation

5. I certify that the facilities mentioned in the body of this report are available at my institution.
6. I certify that I shall ensure that accounts will be kept of the funds received and spent and made available on demand, as specified and required by the Ministry of Electronics and Information Technology (MeitY)
7. I certify that I am the competent authority, the virtue of the administrative and financial powers vested in me by to undertake the above stated commitments on behalf of my institution.

Signature of the
Authorized Signatory
Designation
Date: