

St. Joseph's College Research Grant to Faculty Members

1. Name of the Investigator :
2. Designation :
3. Department :

4. Broad Field of Research :

5. Area of Specialization :

6. Gender: :

7. Date of Birth :

8. Date of joining at SJC :

9. Qualification:

10. Address:

11. E-mail:

12. Mobile:

Office:

Residence:

13. Teaching and Research Experience of the Investigator :

(a) Teaching experience: UG _____ Years and PG _____ Year

(b) Research experience:

(c) Postdoctoral fellowship (Institute, place and duration):

(b) Title of the Ph.D. thesis:

(c) Year of the award of the degree:

(d) Name of the Institution/University :

14. Publication:

International

National

Papers Published:

Books Published:

(Please enclose the list of papers and books published and/or accepted)

15. Proposed Project Title:

- (i) Introduction
 - a. Origin of the research problem
 - a. International status
 - b. National Status
 - c. Significance of the study
- (ii) Objectives
- (iii) Methodology
- (iv) Year-wise Plan of work and targets to be achieved.
- (v) Details of collaboration, if any intended

16. Financial Assistance required

<u>Item</u>	<u>Estimated Expenditure</u>
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- | | |
|---|--|
| (i) Books and Journals | |
| (ii) Equipment, if needed
(Please specify name & approx. cost) | |
| (iii) Field Work and travel | |
| (iv) Chemicals and glassware | |
| (v) Contingency (including special needs) | |

Total :

17. Institutional and Departmental facilities available for the proposed work:

18. Any other information which the investigator may like to give in support of this proposal which may be helpful in evaluating.

DECLARATION

I, _____ hereby declare that the above given information are true to the best of my knowledge. I further declare that the utilization certificate and the final report will be submitted to the college in the prescribed format.

Signature of the Investigator:

Date: