This form is to be filled in and sent, in soft copy, to the NBHM office (e-mail: psmsnbhm@dae.gov.in & nbhmrp@gmail.com), The Application must include two of best reprints of principal investigator/co-investigator.

* + - 1. Title of the project:
			2. Principal Investigator:
			3. Co-investigator:
			4. Institution where the research will be carried out
			5. Address of correspondence:

 Phone:

 Email:

* + - 1. Funds requested:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.** | **Items** | **1st year(Rs)** | **2nd year(Rs)** | **3rd year(Rs)** | **Total** |
| 1 | One JRF@Rs.37,000/-pm for 1st & 2nd year, and SRF@Rs.42,000/-pm for 3rd year (post evaluation) |  |  |  |  |
| 2 | Library Grant |  |  |  |  |
| 3 | Computer Hardware/Software |  |  |  |  |
| 4 | Domestic Travel\* |  |  |  |  |
| 5 | **Subtotal (sum of 1 to 4 Above)** |  |  |  |  |
| 6 | Overhead @10% of the above |  |  |  |  |
| 7 | Contingencies for PI |  |  |  |  |
| 8 | Contingency for JRF |  |  |  |  |
| 9 | **TOTAL** |  |  |  |  |

* + - 1. Brief description of the problem proposed to be investigated under the project:
			2. Key words and AMS classification of the proposed problem:
			3. Background and mathematical importance of the problems in Item 7:
			4. Work plan:
			5. List of publications of the Principal Investigator and the Co-investigator in the field of the project. Give these lists on separate sheets and enclose two of the best reprints in the same area:
			6. Names and addresses of two experts in the area of the project:
			7. Have you in the past guided or been associated with a research project in Mathematics funded by NBHM/BRNS/DST/CSIR/UGC or any other agency? If so, give details.
			8. Bio data of the Principal Investigator and the Co-investigator:
			9. Library/computation facilities available at the Institution
			10. Name and designation of the official authorized to receive funds on behalf of the Institution, and particulars of the Institution Bank Account (PFMS linked) for possible direct transfer of funds.
			11. **“ NBHM supported all previous Research Projects taken by me (Name), have been completed in all respect, and completion Report, Statement of account & UC, List of publications / Patents, etc. (if any generated from NBHM Support) were submitted and unspent amount (if any) have been refunded to DAE”.**

Date Signature of the Principal Investigator with seal

**CERTIFICATE**

 The terms and conditions of the Grant-in-Aid for the project entitled ………………………… ...................................................................................................................................................................................................submitted by ….................................................................................................................................................................... are acceptable to us and all facilities of the institution will be made available for conducting the research.

 I hereby state that:

1. utilization certificate for which application for grant is being forwarded to NBHM, will be submitted within 12 months from the date of closure of financial year; and
2. that no utilisation certificate(s) is/are pending against the Institute for the grants given to the beneficiary of their Institute by DAE, for more than 12 months from the closure of the financial year.

Signature of the Signature of the

Principal Investigator Head of the Institution

Name: Name:

Designation: Designation:

Seal: Seal:

Date: Date: