



Research and Development- Sponsored Research Forms

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Members for Proposal Review Committee / Project Review Committee (PRC)

Department:

Year:

Sl. No.	Name of the member	Role	Position
1.		Secretary	HOD
2.		Convener	DLC
3.		Subject Expert 1	Intra / Inter Department Level
4.		Subject Expert 2	Intra / Inter Department Level
5.			
6.			

Subject Experts may be varied based on the theme of the proposal

DLC
Date:

HOD
Date:

CLC (SR)
Date:

Associate Dean
Date:

Revised by: Research and Development Cell

Approved by: **Principal**



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Project Proposal Submission Requisition Form

(to be submitted to the Principal)

Date:

Initial scrutiny of Project proposals to be submitted to Funding agencies which involves external partnering institutions/industries and Management has to provide Manpower/significant infrastructure/Financial support/any other resource as required by the funding agencies.

Project Title:

Major Area of the Proposal:

Name and address of the major funding agency to which proposal is to be submitted:

Duration of the project in months:

Total Project Budget =

Request for Grant =

Partners Contributions =

Participating Departments

Sl. No	Name of the department	Name of the PI	Name of The Co-PI
1			

Revised by: Research and Development Cell

Approved by: **Principal**

Participation of Partnering Institution(s)/Industry: Yes /No

Sl. No	Name address of partnering Institutions/ Industry with details of contact person	Nature of involvement	Is there any active MOU with TCE	Financial commitment from the Partnering institution	Any other commitment from Partnering institution/Industry

If yes, fill the following:

Ratio of the Total budget split up: TCE and other Partnering Institution(s)/Industry

Expected Support from the Management/College (Provide appropriate details)

Sl. No	Financial support	Land/ Space required	Infrastructure	Approval required from Environmental agency/ Coimbatore Corporation/ Any other agency	Manpower	Any other commitment

Where will be the facility installed and who will be responsible for its upkeep?

Will there be noise/smoke/any other mode of pollution/generation of waste near the installation?

If Yes, provide details :

Is there any heavy duty compressor /compressed gases/hazardous chemicals used/inflammable materials etc:

If Yes, Provide the details of any special safety requirements

Any other information:

To be enclosed

- 1. A layout of the proposed setup is to be enclosed with dimensions and space requirements**
- 2. The Commitment from the industry/partnering institution with the signature of authorized signatories**
- 3. Outline / Abstract of the Proposed Methodology**
- 4. Any other relevant document**

Name & Signature of PI

Name & Signature of Co-PI

Name & Signature of Co-PI

Signature of HOD of PI

Signature of HOD of Co-PI



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Recommendation of the Proposal Review Committee / Project Review Committee (PRC)

Title of the project :
Department :
Principal Investigator & Department :
Co- investigator(s) :
Co-Principal Investigator & Department:
Name of the sponsoring Agency :
Project cost :
Last date for Submission :
Remarks and recommendation :

Subject Expert
Date:

DLC
Date:

HOD
Date:

Associate Dean
Date:



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Details of Sponsored / Collaborative Research Projects

Department:

Month & Year:

Sl. No.	Title of the Project	Name of the agency and File No.*	Project period	Sanctioned Amount	Name of the PI & Co-PI	Status (Completed/On-going)	If completed, date of completion

Enclose the sanctioned order

DLC **HOD** **CLC (SR)** **Associate Dean** **Principal**
Date: Date: Date: Date: Date:

Revised by: Research and Development Cell

Approved by: **Principal**



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Sponsored / Collaborative Projects - Half Yearly Progress Review Report (For the period: Jan / July 20 - June/Dec 20)

1. Department :
2. Name of Principal Investigator :
3. Co- investigator(s) :
4. Title of the project :
5. Name of the sponsor :
6. File No. & Date :
7. Sanctioned Amount :
8. Objectives & Scope :

9. Status of the Project (Works completed so far / Milestones):
10. Future plan of actions :

11. Issues if any :
12. Amount spent so far :
13. Outcomes / Achievements
 - 13.1 Infrastructure Created :

 - 13.2 Curriculum Development :

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13.3 Consultancy :

13.4 Publications :

13.5 Patent :

13.6 Man power development :

Principal Investigator

HOD

Associate Dean



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Project Completion Report

1. Department :
2. Name of Principal Investigator :
3. Co- investigator(s) :
4. Title of the project :
5. Name of the sponsor :
6. File No. & Date :
7. Sanctioned Amount :
8. Objectives & Scope :
9. Milestones Achieved :
10. Funds utilized (**Copy of Utilization Certificate to be enclosed**):
11. Future plan of actions :
12. Outcomes / Achievements
 - 12.1 Infrastructure Created :
 - 12.2 Curriculum Development :
 - 12.3 Consultancy :
 - 12.4 Publications :
 - 12.5 Patent :
 - 12.6 Man power development :

Principal Investigator
Date:

HOD
Date:

Associate Dean
Date:

Principal
Date:

Revised by: Research and Development Cell

Approved by: **Principal**



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Feedback on Sponsored/Collaborative research

Sponsored/Collaborative Research Feedback by Principal Investigator

Title of the project:									
Name of the Sponsor/Collaborator:									
Name of the Principal Investigator:									
Co- investigator(s) :									
Duration of the project:									
SL. No.	Parameters	Rating							
1.	Support/guidance for proposal preparation from department/ institution	1	2	3	4				
2.	Proposal submission system of funding agency	1	2	3	4				
3.	Purchase procedure	1	2	3	4				
4.	Financial liability	1	2	3	4				
5.	Accounting system in college office	1	2	3	4				
6.	Obtaining Utilization certificate	1	2	3	4				
7.	Cooperation from Funding agency/Department/Institution	1	2	3	4				
Any specific suggestion for improvement:									
Rated by the members involved during the projects (Name & Address):									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Rating Scale:</td> <td style="width: 25%;">1. Poor</td> <td style="width: 25%;">2. Good</td> <td style="width: 25%;">3. Very Good</td> <td style="width: 25%;">4. Excellent</td> </tr> </table>					Rating Scale:	1. Poor	2. Good	3. Very Good	4. Excellent
Rating Scale:	1. Poor	2. Good	3. Very Good	4. Excellent					

DLC
Date:

HOD
Date:

Associate Dean
Date: