STUDENT PROJECT

Title of the Project

Project Plan Proposal

Supervised by

Name of Supervisor

Designation & Department
School

Submitted by

Name of Candidate

Class & Department

Submitted to



Centre for Research Innovation & Training (CRIT)

IIS(Deemed to be University), JAIPUR

(Academic Year)

FORMAT FOR SUBMISSION OF PROPOSAL FOR STUDENTS PROJECT PART – A

1.	Name of the Department where the project will be undertaken :		
2.	Broad area of proposed research		
3.	Applicant		
	(i)	Name :	
	(ii) Class with Semester:		ester:
	(iii) IISU Enrolment		No.:
	(iv) Date of Birth:		
	(v)	Telephone No.	(R)
	(vi)	Email :	(M)
	(vii) F	Residential Addre	SS:

Name of the Supervisor

4.

PART - B

Proposed Research Work

1.

- (i) Project Title
- (ii) Origin of the research problem
- (iii) Review of Research and Development in the subject :
- (iv) Objectives
- (v) Methodology
- (vi) References
- (vii) Plan of work and targets to be achieved
- (viii) If the candidate is working for the project/dissertation (A summary of the report/thesis in about 200 words may please be attached with the application)
- (ix) Details of collaboration, if any (intended)

2. Estimated Expenditure

S.No.	Item	Estimated Expenditure
1.	Books & Journals	
2.	Equipment, If needed	
3. Field Work and Travel		
	(Please specify name & approx. Cost)	
4.	Chemicals and Glassware	
5.	Consumables	
6.	Outsourcing	
7.	Contingency (including special needs)	
	Total:-	

- **3.** Institutional and Departmental facilities available for the proposed work :
- **4.** Any other information which the applicant may like to give in support of this proposal which may be helpful in evaluating.

Declaration by the Applicant

To certify that:

- (i) I/we shall abide by the rules governing the scheme in case assistance is provided to me/us from the IISU for the above project
- (ii) I/we shall complete the project within the stipulated period. If I/we fail to do so and if the university is not satisfied with the progress of the research project, it may be terminated and immediately ask for the refund of the amount received by me/us.

Applicant Name & Signature

Declaration by the Supervisor

To certify that:

- (i) The proposed project has potential for primary research and the outcome the project may prove to be valuable addition to the subject knowledge, or The project is of interdisciplinary nature and its outcome may be quite useful.
- (ii) General physical facilities, such as furniture/space etc., are available in the Department/College.
- (iii) The above research Project is not funded by any other agency.

Supervisor Name & Signature

Recommended/Not Recommended

Research Committee (with comments)

Registrar

Vice Chancellor

STUDENT PROJECT

Title of the Project

Project Report

Supervised by

Name of Supervisor

Designation & Department
School

Submitted by

Name of Candidate

Class & Department

Submitted to



Centre for Research Innovation & Training (CRIT)

IIS(Deemed to be University), JAIPUR

(Academic Year)

The report should be consists of

- Cover page
- Certificate by the supervisor
- Index
- Abstract
- Introduction
- Review of Literature / Back ground of the problem
- Methodology (Observation / Data Collection)
- Data analysis and Results
- Conclusion
- References

It is hereby certified	l that Ms.	,	student of	
	Enrollme	nt No	of	
IIS (Deemed to be Univ	versity) Jaipur	has worked under my	y supervision	
for Stude	ent	Project	entitled	
···		" funded by IIS	(Deemed to	
be University) Jaipur.	She has comp	oleted her work sinc	erely in the	
prescribed period. To	the best of r	my knowledge, it is	an original	
contribution and has no	ot been submi	tted for any other de	egree of any	
University. I consider	this Student	project is fit in all	respect for	
submission to the University.				

Date:-

Signature of Supervisor

Statement of Expenditure (Academic Year)

Name:CRIT, Student project	
Sanctioned Letter No. & Date	
Name of the candidate	-
Title of the project -	
Name of the supervisor	_

Details of Expenditure:

S.NO.	Head	Sanctioned Amount	Details	Bill No.	Date	Amount (in Rs.)	Balance (if any)
1.							
2.							
3.							
4.							
	Total	Rs.					

• Please enclose the original bills regarding expenditure incurred.

Signature of Student	Signature of Supervisor		
Received two copies of Project Report	Office Assistant (Project)		
(Section Officer, Research)			

Signature of Registrar Signature Chief Accounts Officer