Biotechnology Industry Research Assistance Council
(BIRAC)
A Government of India Enterprise

जैव प्रौद्योगिकी उद्योग अनुसंधान सहायता परिषद (बीआईआरएसी)
भारत सरकार का एक उद्यम

Request for Proposal (RFP)
Grand Challenges India Funding Opportunity
On
प्रस्ताव के लिए अनुरोध (आरएफपी)
ग्रैंड चैलेंज इंडिया फंडिंग अवसर पर

Diagnostics for Neglected Tropical Disease (NTD) – Lymphatic Filariasis

उपेक्षित उष्णकटिबंधीय रोग के लिए (एनटीडी) निदान लसीका फाइलेरिया -

Jointly funded by
संयुक्त रूप से वित्त पोषित

Department of Biotechnology (DBT)
Ministry of Science and Technology
Government of India
जैव प्रौद्योगिकी विभाग विज्ञान और प्रौद्योगिकी मंत्रालय भारत सरकार (डीबीटी)

&
और

Bill & Melinda Gates Foundation (BMGF)

बिल एंड मेलिंडा गेट्स फाउंडेशन)BMGF)

1. Introduction

Grand Challenges India

In 2012, the Department of Biotechnology, Government of India, and the Bill & Melinda Gates Foundation signed a Memorandum of Understanding (MoU), where both parties agreed to collaborate on scientific and technological research to alleviate some of the world's most critical global health and development issues, for the benefit of the people of India and other developing countries.

This partnership seeks to identify opportunities to initiate and promote scientific and technological research in the country, to provide India-specific solutions for the country, which can then be adapted for use in other developing countries. Specifically, the partnership focuses on encouraging research and exploring avenues to reduce maternal and child mortality and morbidity; developing scientific and technical solutions for infectious diseases; strengthening India's scientific translation capacity; developing scientific and technical advances related to agriculture, food and nutrition, among others

Grand Challenges initiatives follow these core principles:

1. Strategic and well-articulated grand challenges serve both to focus research efforts and capture the imagination and engage the world's best researchers.
2. Projects are selected based on national and societal need and transparent calls for proposals seeking the best ideas.
3. Funders, investigators and other stakeholders actively collaborate to accelerate progress and integrate advances to ensure these advanced technologies reach to developing countries masses
4. Projects are selected not only for scientific excellence, but also for their likelihood to achieve the desired impact, and they are milestone-driven and actively managed to that end.
5. Projects and investigators will have to follow global access commitments to ensure the fruits of their research are available to those most in need.

Here we announce a call on 'Neglected Tropical disease', a program directed at addressing challenges that we face in disease detection, elimination and eradication in India. The call is aimed at promoting the development of new tools for enhanced access to quality-assured, effective and safe diagnostics.

Given the international nature of this call, there is scope for international collaborations across partner countries.

This Request for Proposals (RFP) is specific to Indian researchers. We encourage partnerships with researchers in other countries, especially where the opportunity exists to build on established collaborations.

2. Program Details

Neglected Tropical Diseases (NTDs) are a group of 20 diseases, each with its own set of unique epidemiological and diagnostic challenges. Programs to address each of these diseases have different goals according to the targets set for a particular disease: control, elimination as a public health problem, elimination of transmission, or eradication. Accurate and reliable diagnostic tools are necessary for all these programs. While current clinical and parasitological techniques are often adequate for demonstrating the presence of disease in an individual, there is an urgent need for more sensitive and specific diagnostics to support community diagnosis, and post-intervention surveillance to quickly identify recrudescence or reintroduction of transmission in low prevalence settings.

Background

Neglected tropical diseases (NTDs) have drawn their name from word neglect; meaning failed to get needed care and attention (relatively by scientific research and public/private funding, compared to the magnitude of the health problem). There are twenty diseases and disease groups, mainly infectious, caused by (lyssa- and arbo-) virus, bacteria, fungi, parasites (protozoa and helminths), and toxins (snake bite envenoming, noncommunicable disease), that comprises the WHO's portfolio of NTDs.

Each of these NTDs with global public health importance is aetiologically, epidemiologically and clinically different. Although, it is difficult to club them together, however, they collectively affect more than 1 billion people from the poorest and marginalized population of the world. Predominantly affecting people from tropical and sub-tropical regions that lack health care settings, NTDs are known to impose devastating health, social and economic consequences [World Health Organization (2021). Ninth report of the Strategic and Technical Advisory Group for Neglected Tropical Diseases (STAG-NTDs). Available from: https://www.who.int/publications/m/item/ninth-report-of-the-strategic-and-technical-advisory-group-for-neglected-tropical-diseases-(stag-ntds)]

Since 2007, WHO is working towards control, elimination and eradication of NTDs. In order to further strengthen these efforts, a NTD roadmap for implementation was launched by WHO in 2012. Despite notable achievements made in terms of reducing the overall burden, many of the targets set for 2020 remained unachieved. The emergence of COVID-19 pandemic in 2020, further worsened the progress of these programmes. In view of the

pandemic, WHO issued interim guidance for implementation that suggested postponing the NTD surveys, active case detection activities, and mass drug administration (MDA) campaigns. Alternatively, it was advised to support prompt diagnosis, treatment, and essential vector control wherever possible.

Building on success and failures of past programmes and identifying critical gaps and actions required to control and eliminate NTDs, WHO in consultation with global experts had drafted a new roadmap for 2021–30. The Sustainable Development Goals (SDGs) have also generated renewed momentum for consolidating NTD programme gains and accelerating progress towards programme end-points, as reflected in the WHO's new road map. This Roadmap identifies critical needs in diagnostics to achieve the ambitious NTD elimination targets for 2030.

In the new roadmap, WHO has revised its 2030 target for **lymphatic filariasis (LF)** to include global cessation of MDA, and validation of elimination as a public health problem in 58 (81%) of 72 actively or formerly endemic countries. Currently available diagnostics and non-exhaustive description of the diagnostic needs to support these elimination efforts are provided in the table below.

	Current diagnostics	Diagnostics needs
Lymphatic filariasis (LF)	• **Microscopy** [microfilaria (mf) in blood]– used with night blood survey (NBS) for mapping and monitoring; low sensitivity, particularly after MDA • **Filariasis Test Strip** (FTS) – for mapping, monitoring, stopping and transitioning to surveillance in areas endemic for *W. bancrofti*; operationally challenging to use in field; signal persists long after sterilization of the adult female worm. • **Brugia Rapid Test** (BmR1 IgG4 RDT) – for stopping MDA and transitioning to post-MDA surveillance in areas endemic for *Brugia* spp.; point-of-care complexity – operationally challenging to use in field	• **Improved tests** – for more reliable mapping and post-MDA stopping decisions • **Improved biomarkers** – for stopping triple-therapy (IVM-DEC-ALB) MDA; need specific marker of worm viability to better assess impact of IDA on transmission potential • **Improved post-MDA and post-validation surveillance** – need biomarker specific for early exposure to confirm elimination of transmission and/or detect early recrudescence

Fulfilling an unmet need

The epidemiological estimates indicate that 1 in 5 people globally are affected by NTDs. India accounts for an overwhelming majority of at least 11 of these major NTDs worldwide. These diseases not only impair physical and cognitive development but can even be fatal to those affected. Aligning with global commitment to end NTDs and strengthen public health in the country, Government of India has partnered with several pertinent ministries,

institutes, Gates Foundation, NGOs and other stakeholders. While most NTDs are not very familiar, leprosy, kala-azar and filariasis are quite prevalent in India and remain an integral component of disease elimination programs.

Lymphatic Filariasis results due to transmission of filarial parasites to humans through mosquitoes. Infection is usually acquired in childhood causing hidden damage to the lymphatic system which can lead to the abnormal enlargement of body parts. With approximately, 650 million population across 21 states and union territories at risk, LF is a major public health problem in India. Considering that over 40% of global cases are accounted by India, efforts are being made towards surveillance and remaining vigilant. However, all these programmes require clear guidance and resources. Additional research and a direct and field-deployable diagnostic method is crucial for prompt management of sporadic cases and limit the transmission and carrying the surveillance.

Government of India, through its several vertical programmes aims to reach the NTD Elimination target of LF from the country in the next few years i.e. mf rate below 1% by NBS or antigen rate below 2% by the FTS method. The progress of programs to eliminate LF is monitored by testing residents of communities under treatment for the presence of microfilariae or circulating filarial antigen (CFA) for *W. bancrofti* and microfilariae and antifilarial antibodies (BmR1) for *Brugia spp*. Demonstration that the population prevalence of positive tests for these analytes is below the defined threshold is an indication that LF is no longer a public health problem in the region assessed. There is need for new LF diagnostics to address the two use cases as described below.

Stopping decision gap

In 2017, WHO recommended the combination of ivermectin, DEC, and albendazole, known as IDA or triple- therapy for MDA in certain settings (WHO, 2017). India adopted IDA as part of its LF strategy in 2018.

In the short-term, alternative tools are needed to detect the presence of adult worms or microfilariae following introduction of IDA. At present there is lack of availability of sufficient FTS in the program as there is a cap at the global level for their production and the current WHO donation will not be able to fulfill requirements for India to use these tests to meet the programmatic needs for smaller implementation units (IUs). Additionally, testing older age groups for microfilaria is possible but is not ideal because of limitations in technical capacity, low sensitivity after MDA and the logistic challenges of night blood surveys (NBS).

In the long-term, the Guideline Development Group identified that current transmission assessment survey (TAS) methodology for determining when to stop IDA may not be

sufficient and further research was needed (WHO, 2017). In addition, follow- up evidence from initial studies globally show continued clearance of mf 5 years after a single IDA treatment but persistence of circulating filarial antigen (CFA). (King, 2020). As countries approach the 2nd IDA MDA round, programmes urgently need new diagnostic paradigms and more advanced approaches with appropriate characteristics and a modified TAS survey methodology to measure when there is evidence to support stopping IDA MDA.

Surveillance gap

To better demarcate smaller units for surveillance, and to identify changing burden of disease, there is need to implement disease mapping at the block level. The current night blood slide test for measuring microfilaremia is not user friendly, since it requires that community residents participate after 10pm, and is relatively insensitive. The second option is to conduct antigenemia surveys using FTS (Filaria Testing Strip). The FTS test can be conducted any time of the day.

In the short-term, and for the same reasons described for post-IDA stopping decisions, alternative tools are needed for current FTS and NBS options used for surveillance.

In the long-term, once the disease burden is assessed, the program intends to use the FTS for pre-TAS and TAS 1,2,3 activities, as well as for post validation surveillance activities to identify evidence of reintroduction or recrudescence of LF across the country. However, due to the limitations noted earlier regarding the lack of CFA clearance, the effectiveness of these surveillance programs will be hindered. Therefore, programmes urgently need new diagnostic paradigms and more advanced approaches with appropriate characteristics to enable effective surveillance.

a. Programme objective

Considering that it is imperative to successfully employ measures for early and accurate, field-adaptable diagnoses, this Grand Challenges is a call to address an urgent need for the development of **novel diagnostics for lymphatic filariasis disease.**

b. What we are looking for

Proposals must provide a strong rationale for the work proposed, demonstrating a clear understanding of India's context and needs, and present a defined hypothesis and associated plan for how the idea would be tested or validated. There are two categories of project approaches that are of equal importance and value.

Short-term approaches:

The call is aimed at exploring alternative tests that either *meet or exceed* the performance and price points of current FTS or mf detection tools used for both stopping decisions and

surveillance. The critical driver of success will be the ability to have prototypes available for **initial field-based feasibility testing within 9-12 months**. Furthermore, successful tests will be those that are field-based and that require a minimum of technical expertise or training for their operation.

Long-term approaches:

The call is aimed at exploring *entirely new* methods for identifying viable adult filarial worms in the human body, i.e., the absence of signal must indicate the worms are either not present, dead or permanently sterilized (as would be needed for stopping decisions), or *entirely new* methods specific for early exposure or pre-patent infection of LF-causative species (as would be needed for surveillance). The goal of the challenge is to have a reasonably inexpensive, durable and accurate testing method(s) which can be used in developing/remote geographies where test characteristics and performance should be aligned with WHO Diagnostic Technical Advisory Group-developed target product profiles (**see Annexure- 1**). We hope to receive proposals for diagnostic development from India-based researchers and laboratories independently, or in partnership with global stakeholders.

c. Program Structure

i. Funding pattern

The program may be supported in two phases (Phase 1 and phase 2):

In Phase I, for short term approaches, 6-8 grantees will be supported for a period of 9 to 12 months depending upon the stage of development of project or available preliminary data. We will encourage projects which already have their proof of concept (PoC), prototypes or target product profile (TPP) ready for further validation or clinical testing based on their Technology Readiness Level (TRL) 2-6.

In addition to this, for long-term approaches, we will support studies that are exploratory in nature; testing new approaches/ ideas/ or hypothesis or those seeking to develop proof-of -concept and prototypes. These studies will be supported for a longer duration of up to 18 months in Phase I.

In Phase I we may fund each project with a support of up to $100,000 - $300,000 USD based on their stage of development.

The Phase II of the call will support three to four successful innovations of Phase I for a period of up to 24 months.

The call will solicit proposals whose test characteristics and performance are aligned with WHO Diagnostic Technical Advisory Group-developed target product profiles which can be used in remote geographies.

Collaboration

GCI encourages collaborations based on the belief that synergies between experts across diverse disciplines are important for the challenges that we seek to address.

Should you want to apply as a collaboration, please ensure the following questions are

sufficiently answered in your proposal.
Are the applicants, including all sub-contractors, willing to collaborate and share experimental methods, data, and resources among the other independently funded members of the program consortium?

3. **Rules and Guidelines**

a. Application Process

Please be advised that the entire application process is online through the BIRAC portal.

i. Proposals in the correct format will be submitted on the online portal by interested applicants

ii. After an initial triage, review panels established under the Grand Challenges India partnership will evaluate the proposals submitted.

iii. Post proposal review and legal eligibility check, the applicants will be invited to present their proposals in detail to TAG.

iv. Pending financial and technical due diligence, the final awardees will be selected by the TAG.

v. Once Due Diligence is successfully completed, award certificates will be awarded to the selected GCI applicants.

vi. GCI- BIRAC will then enter into separate funding agreements with successful GCI cost recipient(s) to govern the project terms and conditions and fund disbursement modalities.

b. Application instructions*

1. Please visit the BIRAC website at www.birac.nic.in and follow the link to the registration and submission portal.
2. If you are applying to a BIRAC/GCI scheme for the first time, please note that you will have to register on the portal. The verification and activation of your new account may take upto 24 hours before you can apply for the scheme. Please take this into account while applying.
3. The online form needs to be filled completely with all appropriate documents uploaded.
4. Please also ensure that the Proposal Summary document is uploaded based on the format provided. Incomplete proposals will be rejected in the triage round.

* We will not be able to provide individual feedback to applicants those who are not selected for further rounds.

b. Schedule

Call opens- For a period of 45 Days

Call closes-Online portal will close at 5:00 pm on 45th Day of call launch

Shortlisting/finalizing the proposals – within 45 days of call closure

Award announcement-within 90 days of call closure

Initiation of Phase I-Execution of grant agreements with grantees

Phase I completion -18 months following initiation of phase-I projects.

Phase II initiation -3 months post closure of phase -I

Phase II completion-24 months following initiation of phase-II projects

Final report submission -1-2 months post closure of phase-II

c. Eligibility criteria

This RFP is India-led; the programme is open to Indian academics, research institutions, companies, society, trusts and foundations.

Project cost will be sanctioned to researchers and innovators who are Indian individuals or Indian entities*, we also encourage partnerships with researchers of national/international expertise, subject to the call guidelines.

Note: Please read the following carefully to understand the category you will be applying under and the documentation that may be requested should your proposal be selected for further financial due diligence. This call is open to:

i) In case of the applicant being an Indian academic scientist, researchers and Ph.D students (citizen of India) who must be willing to incubate at a recognized incubator submit a letter of intent for same.

ii) **Companies**

• Companies incorporated under the Indian Companies Act, 2013 having a minimum of 51% Indian ownership.

iii) **Limited Liability Partnership**

• Limited Liability Partnership (LLP) incorporated under the Limited Liability Partnership Act, 2008 having a minimum half of the persons who subscribed their names to the LLP document as its Partners should be Indian citizens.

iv) **Indian institution/ universities/ public research organization**

• Academic institutions established in India and having NAAC/ UGC/ AICTE or any equivalent recognition certificate or any other Public/Government supported organization

v) **Society/ Trust/ NGO/ Foundation/ Association**

• Society/ Trust/ NGO/ Foundation/ Association established in India under the relevant Indian Law having at least half of the stakeholders (partners/ trustees/ members/ associates etc.) as Indians.

Experts of the relevant discipline as mentors should be a part of the proposal such a healthcare professionals, data analytics experts, m-health specialists, management experts, logistics experts, M&E experts among others.

* ***Note:*** *The evaluation of eligibility shall be based on the status of documents as on the closing date of the call.*

Through national and international collaboration, we expect that sharing experimental methods, data, and resources will ultimately improve the ability to compare and validate local research findings and to develop interventions and products that can have impact at a greater scale.

d. Evaluation Criteria

1. **Novelty and Innovation:** Does the proposal capture enough novelty to address the discussed challenges.

2. **Approach and methodology:** Is the research plan, objective and proposed schedule clearly presented and realistic. Is there clarity in the objectives and work plan? Are the proposed timelines and milestones appropriate, feasible, and technically sound? Is there a high likelihood of the objectives being completed in the given timeframe? Will the demonstration take place in difficult/ challenging India-centric setting?

3. **Future Deliverable/Translational Feasibility:** Relevance and clarity of anticipated outcomes & deliverables to future implementation of the projects and commercialization.

4. **Sustainability and adaptability of System**: Does the proposed solution take into account the complexity of the proposed geographical setting and context.

5. **Organizational and investigator capability:** Is the team composition covering key scientific and engineering challenges that this challenge is seeking to address? Is the research and development team appropriately trained, experienced, and positioned to carry out this work? Is the work proposed appropriate to the experience level of the principal investigator and other proposed members? Is there strong evidence of substantive organizational capability and commitment? Is there experience in development of partnerships, and in multi-investigator projects? Are collaborative arrangements in place? Is there evidence of an infrastructure for data collection, transfer, and sharing?

6. **Best value:** Is the cost of the proposed effort reasonable relative to the complexity of the proposed work and the degree of risk and advancement proposed?

e) **Evaluation methodology**

Grand Challenges India (GCI) will screen the proposals for eligibility. If the application is found to be incomplete or not complying with the provisions described in the RFP, the application will be considered ineligible.
Proposals that meet the eligibility criteria will be submitted to Area Review Panel (ARP) for review.
The ARP will make assessments and recommend shortlisted applications for further evaluation to the Technical Advisory Group (TAG). The classification of projects into short-term and long-term approaches will be done by the ARP and reviewed by the TAG. Grantees may also be invited for interaction or written clarifications when it is beneficial to ensure that any outstanding questions are resolved before concluding the full review.
As applicable, the technical and financial due diligence processes (site visits) of the shortlisted applications would be carried out by GCI. A final decision on applications to be funded will be made by the Competent authority based on the recommendations of the Technical Advisory Committee (TAG).

f. Allowable Costs

Usually the allowable cost will include:

- Indirect Cost/Non-Recurring Budget: **Equipment and Accessories** (Upto 20% of proposed cost) list of equipment's, if required and justification in relevance to the project activities (Quotations supporting proposed equipment and accessories)
- Direct Costs/Recurring Budget (Realistic figures): **Manpower** (Up to 30% of proposed cost), **Consumables** (Up to 20% of proposed cost), **Travel** (Inclusive of International travel, in case of International Collaborations) and **Outsourcing** (In case any activity to be outsourced)
- **Research Contingency and Overhead** of each Primary & Collaborating Partners (not exceeding 10% of the total Recurring Cost)

***Note:** Justifications to be provided for roles of each aspect of manpower involved, consumables proposed, travel (Local and International in case if any), research contingency and trainings.
Budget heads without cap will be considered on case-to-case basis and based on call specifics by Technical Advisory Group (TAG).

g. Warranty

The GCI Applicants shall warranty that the statements and particulars contained in the full proposal and supporting documents are correct. They have to further warrant that

they are under no contractual restrictions or legal disqualifications or any other

obligations which would prohibit them from undertaking the present Project, entering into any Agreement in this regard etc.

h. Project Intellectual Property

The initiative is guided by the Memorandum of Understanding on the collaboration between the Department of Biotechnology, Govt. of India and the Bill & Melinda Gates Foundation signed on July 18, 2012. As a part of this MOU fair and transparent processes will be established to ensure that projects and investigators funded under initiatives make global access commitments to ensure the fruits of their research are available to those most in need. This will include, but not limited to, the ability to license any technology developed under this agreement to manufacturers in India subject to these global access commitments and to the relevant provisions of the Indian laws including specific requirements on licensing under the Patents Act 1970.

To this end, project IP means intellectual property generated during the conduct of the Project by the GCI applicants, but excluding the intellectual property generated before initiation of this Project and any IP generated outside the scope of this Project even during the term of this Project. The ownership and control of the intellectual property shall remain with the GCI cost recipient(s), or other collaborating organizations or institutions as agreed with the cost recipient, subject to any applicable local policies and the collaborative process described above, including arrangements between the cost recipient and other individuals or institutions.

GCI cost recipient(s) agree to conduct and manage the Project and the resulting products, services, processes, technologies, materials, software, data or other innovations (collectively, "Funded Developments") and any IP that arises in the manner that ensures "Global Access." Global Access requires that

1) The knowledge and information gained from the Project be promptly and broadly disseminated
2) The Funded Development is made available and accessible at an affordable price to people most in need within developing country.

Establishing suitable Global Access agreements among the GCI cost recipients will be a condition of receiving funding.

GCI cost recipients commit to meeting the following criteria at a minimum:

1) For successful diagnostics that have been supported through field testing, the projects under this agreement must apply for regulatory approval in India as well as for certification/WHO prequalification to ensure that successful diagnostics supported through the GCI are available at affordable costs to those most in need. BIRAC and the

Foundation will support successful projects through introductions to third party manufacturers, introductions to WHOs DTAG as well as introductions to relevant technical experts for the next phases. This could include contracts for local manufacturing etc.

2) For projects where novel diagnostics methods have shown promising results BIRAC, and the Foundation will work with the projects and investigators on a clear development pathway to ensure that the investments made through the GCI are supported for public health benefits.

During the term of this Agreement and for 5 years after, GCI recipient will submit upon request annual intellectual property reports related to the Funded Developments, Background Technology, and any related agreements using the GCI-BIRAC's templates or forms, which we may modify from time to time.

i. Confidentiality

During the tenure of the Project, BIRAC will undertake to maintain strict confidentiality and refrain from disclosure thereof, of all or any part of the information and data exchanged/generated from the Project for any purpose other than purposes in accordance this RFP. Please note that all proposals, documents, communications and associated materials submitted (collectively, "Submission Materials") will become the property of BIRAC and will be shared with other funding partners or potential funding partners.

Number of applications received and the countries from which they originated will be published. The proposals will be subject to confidential external review by independent subject matter experts and potential co-funders, in addition to in- house analysis.

j. Research Ethics and Regulatory Approvals

GCI Cost recipient(s) shall be responsible to obtain all the necessary requisite approvals, clearance certificates, permissions and licenses from the Government/local authorities for conducting its activities/ operations in connection with the Project.

4. The fund disbursement and project implementation shall be governed by the specific funding agreement that will be duly executed.

5. Dispute resolution and Arbitration:

In the event of any dispute or difference between the Parties hereto upon or in relation to or in connection with this RFP, such dispute or difference, shall be resolved amicably and in good faith by mutual consultation.

If such resolution is not possible, then the unresolved dispute or difference whatsoever

arising between the Parties out of or relation to the construction, meaning, scope, operation or effect of this RFP or the validity the breach thereof or in respect of any defined legal relationship associated therewith or derived therefrom dispute shall be submitted for arbitration to International Center for Alternate Dispute Resolution (ICADR), an autonomous organization working under the aegis of the Ministry of Law & Justice, Department of Legal Affairs, Government of India. The Authority to appoint the arbitrator(s) shall be the ICADR. The Arbitration under this Clause and provision of administrative services by ICADR shall be in accordance with the ICADR Arbitration Rules, 1996. The award made in pursuance thereof shall be binding on the Parties. The venue of arbitration shall be New Delhi and the arbitration proceedings shall be conducted in English Language. The provision of this Clause shall not become inoperative notwithstanding the Contract expiring or ceasing to exist or being terminated or foreclosed.

7. Program Monitoring Mechanism:

Project Review and Monitoring Committee (PRMC)

The projects shall also be monitored and mentored regularly by a Project Monitoring Committee (PMC) constituted by GCI for each project.

Reporting of Progress:

On Successful completion of each Milestone, the applicant will be required to submit a detailed Milestone Completion Report (MCR) as per the prescribed format

The MCR will be assessed by the PMC/ TAG for its completion. On recommendation of the PMC/TAG, the next Milestone budget will be released

Contact us:

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For enquiries:

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पूछताछ के लिए :

कृपया ईमेल करेंमिशन निदेशक :, जीसीआई बीआईआरएसी -mdpmubmgf.birac@nic.in पर या हमें यहां कॉल करें 1124389600-91+विषय पंक्ति के साथ ग्रैंड :चैलेंज इंडिया एनटीडी