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**Manual for Preclinical model for Drug Discovery**

**Step 1: Basic Information**

**Basic Information**

* Name of The Organization

Test Organization

Title of Proposal

* Title of Proposal

Please provide a brief title not exceeding 250 characters.

* Type of Organization

--Select--

Select your organization type.

Select

* Duration (In months) :

Select the Duration months).

* Proposal Submitted: Solely

Jointly with collaborators

Choose one of the radio button accordingly.

In proposal submitted when you choose “Jointly with collaborators”, a select box will be appeared.

**Collaborator Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No**. | **Collaborator Name** | **Name of Contact Person** | **\*Email Address** | **\*Collaborator Type** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Update and Continue

**Step 2: PARTICULARS OF THE APPLICANT(S)**

**ORGANISATION DETAILS**

**PARTICULARS OF THE APPLICANT ORGANIZATION**

**Brief Background of the Organization**

**Date of Incorporation of the Applicant**

Set date of incorporation of the applicant in format: dd-mm-yyyy

**Recognition or Accriditation Status :**

**Upload file ::**

Browse

**Browse the file. Make sure your file in PDF Format.**

**Describe the R & D Strategy and Portfolio/Pipelines**

**[not more than 500 words]:**

#### Address1: Address2:

**Details of the Project Implementation Site**

#### Address3: City/Town:

India

--Select--

#### Country: State:

**Pin/Zip Code: Landline:**

**Mobile Fax:**

Fill all the mandatory details under details of the project implementation site.

Fill all the details accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your form.

Reset

Reset all your fields.

Cancel your form and it return you to main page

Cancel

(Proposal Submission form).

#### Step 3: PRINCIPAL INVESTIGATOR

--Select--

#### Principal Investigator Details

#### Title

#### First Name Last Name

#### Designation DOB

#### Gender Male Female Highest Qua.

#### Email

#### Address1 Address2

#### Street/Village City/Town

#### Pin/Zip Code

#### State Country

--Select--

--Select--

#### Landline

#### Mobile

Browse

#### Please Upload Resume in Prescribed Format

#### Note: Please download to fill the details and signed copy to be uploaded in PDF format.

#### Please Upload Organization's Authorisation Letter to for Submission of Proposal in Prescribed Format

Browse

#### Note: Please download to fill the details and signed copy to be uploaded in PDF format.

#### \* Fill all the mandatory details for Primary key investigator details.

#### If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

#### Save your form.

Close your form.

Close

#### Step 4: Applicant Team Members

#### Applicant Team Members

#### 

Close

Add New

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Name | Designation | Email | Landline | Mobile | Resume | Edit | Current Status |
| 1 | Ashish | Developer | ash@gmail.com | 03163547892 | 9997536506 | View File | Edit |  |

#### 

The table data automatically added when you fill the form, which is appeared when you clicked on “Add New” button.

#### Team Member Details

#### Title

--Select--

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### Resume in Prescribed Format (Click for the prescribed format)

#### Fill all the mandatory fields accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your for form

Cancel

Cancel your form

**Step 5: Shareholding Pattern of the Applicant Organization and Collaborators**

**Shareholding Pattern of the Applicant Organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Category of shareholder** | **Number of shareholders** | **Total Number of shares** | **Total shareholding as a % of total number of shares** | **Nature of shares equity preference** |
| **Shareholding of promoter & Promoter Group** | | | | | |
| 1. **Indian** | | | | | |
| **1.a** | Indian Citizen |  |  |  |  |
| **1.b** | Indian Organization |  |  |  |  |
| **1.c** | NRI holding Indian Passport |  |  |  |  |
| 1. **Foreign** | | | | | |
| **2.a** | Foreign NRI |  |  |  |  |
| **2.b** | Foreign Individual |  |  |  |  |
| **2.c** | Foreign Company |  |  |  |  |
| **Total** | | 0 | 0 | 0 | 0.00 |
| **Public Shareholding** | | | | | |
| 1. **Indian** | | | | | |
| **1.a** | Indian Citizen |  |  |  |  |
| **1.b** | Indian Organization |  |  |  |  |
| **1.c** | NRI holding Indian Passport (Does not include OCI/PIO) |  |  |  |  |
| 1. **Foreign** | | | | | |
| **2.a** | Foreign-NRI(OCI/PIO) |  |  |  |  |
|  |  |  |  |  |  |
| **2.b** | Foreign Individual |  |  |  |  |
| **2.c** | Foreign Organization |  |  |  |  |
| **Total** | | 0 | 0 | 0 | 0.00 |
| **Grand Total** | | 0 | 0 | 0 | 0.00 |

Fill all the mandatory fields’ details accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your form.

Reset

Reset all the fields

Cancel

Cancel the form.

**Step 6: Particulars of the collaborator’s**

**PARTICULARS OF THE COLLABORATOR(S)**

**Organization Contact Details**

#### Name of the Organization : Rishi Chandil

#### Address1: RZ-3B/215, Address2: J Block

#### Street/Village West Sagarpur City/Town New Delhi

#### State Delhi Country India

#### Pin/Zip code 110003 Landline +91-11-24389600

#### Mobile: --------

#### Fax +91-11-24389611 Website [www.rishichandil.in](http://www.rishichandil.in)

#### Above details are automatically comes while you are in applicant details page. These are the details which you filled at the time of registration.

**Organization's Activities**

#### 

* **\*Year Of Establishment Of The Organization:**   
  (Eg :-2009 )
* **\*R & D Activities(Max 500 words)**
* **\*Please Upload Organization Registration**

Browse

**Certificate :**

Browse file. Make sure your file in PDF format.

**Please Upload Annual Report Of The**

Browse

**Organization For The Previous Financial Year:**

Browse file. Make sure your file in PDF format.

* **\*Are The Shares Of The Organization Yes No**

**Held To The Extent Of 51% By Indian Citizens?**

**\*Promoters Background Including**

Browse

**Association With Other Organization**

**And Contribution In Those Organizations**

Browse file. Make sure your file in PDF format.

**\*Shareholding Pattern Of The Organization**

Browse

**Indicating Name And Address Of Foreign**

**Shareholders, Overseas Corporate Bodies**

**And Shares Held By NRIs**

Browse file. Make sure your file in PDF format.

**\*Shareholding Details**

**DSIR Recognition Details**

**\*Does The Organization Have Valid DSIR Yes No**

**Recognized In-House R & D Unit?**

**\*Please Upload The Valid Certificate Of**

Browse

**R&D Recognition By DSIR**

Browse file. Make sure your file in PDF format.

**\*DSIR recognition valid up to**

**\*Are There Any Outstanding Loans? Yes No**

**\*Please Upload Details**

Browse

Browse file. Make sure your file in PDF format.

**\*Has The Organization Received/Applied Yes No**

**Funding From Government/Any Other Agency**

**For The Same Or Related Project?**

If you choose “yes”, a “Number of Times” select box will appeared. You have to choose the number and click on “Enter Details” button.

**Number of Times**

Enter Details

--Select--

After clicking on “Enter Details” button a “Funding Details” box will be appeared according to your selection in “Number of Times” select box.

**Details of the funding received by PI from government/any other external agency for the same or technically related projects:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Funding Agency** | **Total Project Cost (Rs. In Lakhs)** | **Present Project Status** | **Date of Start** | **Date/Due Date of Completion** | **Amount Received As Grant-In-Aid (Rs. In Lakhs)** | **Amount Received As Loan (Rs. In Lakhs)** | **Total Approved Cost (Rs. In Lakhs)** |
|  |  |  | Select |  |  |  |  |  |

#### Principal Applicant Details

#### Title

--Select--

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### Resume in Prescribed Format (Click for the prescribed format)

#### Fill all the mandatory fields accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your for form

Cancel

Cancel your form

**PUBLIC COLLABORATOR**

#### Name of the Organization : Rishi Chandil

#### \*Type of the Organization:

#### Address1: RZ-3B/215, Address2: J Block

#### Street/Village West Sagarpur City/Town New Delhi

#### State Delhi Country India

#### Pin/Zip code 110003 Landline +91-11-24389600

#### Mobile: --------

#### Fax +91-11-24389611 Website [www.rishichandil.in](http://www.rishichandil.in)

* **\*Year Of Establishment Of The Organization:**   
  (Eg :-2009 )
* **\*Recognition or Accriditation Status**
* **\*Upload file :**

Browse

Browse file. Make sure your file in PDF format.

**\*Describe the R & D Strategy and Portfolio/Pipelines**

**[not more than 500 words]**

**\*Has The Organization Received/Applied Yes No**

**Funding From Government/Any Other Agency**

**For The Same Or Related Project?**

If you choose “yes”, a “Number of Times” select box will appeared. You have to choose the number and click on “Enter Details” button.

Enter Details

**Number of Times**

--Select--

After clicking on “Enter Details” button a “Funding Details” box will be appeared according to your selection in “Number of Times” select box.

**Details of the funding received by PI from government/any other external agency for the same or technically related projects:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Funding Agency** | **Total Project Cost (Rs. In Lakhs)** | **Present Project Status** | **Date of Start** | **Date/Due Date of Completion** | **Amount Received As Grant-In-Aid (Rs. In Lakhs)** | **Amount Received As Loan (Rs. In Lakhs)** | **Total Approved Cost (Rs. In Lakhs)** |
|  |  |  | Select |  |  |  |  |  |

#### Principal Applicant Details

#### Title

--Select--

#### First Name

#### Last Name

#### \*DOB

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### Resume in Prescribed Format (Click for the prescribed format)

#### Fill all the mandatory fields accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save your for form

Save

Cancel

Cancel your form

#### Step 7: COLLABORATOR TEAM MEMBERS

**COLLABORATOR TEAM MEMBERS**

#### 

Close

Add New

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Collaborator | Name | Designation | Email | Landline | Mobile | Resume | Edit |
| 1 | Collab1 | Mr. First Last | Developer | ash@gmail.com | 03163547892 | 9997536506 | View File | Edit |

The table data automatically added when you fill the form, which is appeared when you clicked on “Add New” button.

**Collaborator Team Members Details**

#### \*Collaborator :

#### Title

--Select--

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### Resume in Prescribed Format (Click for the prescribed format) Fill all the mandatory fields accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your for form

Cancel

Cancel your form

**Step8: MOU**

Note : Please upload a copy of signed MoU between the applicant Organization and Collaborater(s). However, this upload is non - mondatory.  
Note : If MoU is not yet finalized, please click on save button and the status of current page would automatically change to done.

**MOU**

|  |  |  |
| --- | --- | --- |
| **Collaborator(s)** | **Upload MoU** | **View File** |
| Collab1 **Click here to download Prescribed format for MOU** |  | **View File** |
| Collab2 **Click here to download Prescribed format for MOU** |  | **View File** |
| Collab3 **Click here to download Prescribed format for MOU** |  | **View File** |

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your form.

Reset all the fields

Reset

Close the form

Close

Fill all the necessary fields make sure your field’s data are valid.

**Step 9: Proposal Details**

#### Proposal Summary

1. **TRL Status Current TRL** **Expected TRL**

Refer to BIRAC TRL Definitions: https://www.birac.nic.in/desc\_new.php?id=443

1. Select the area in scope of call as below for which proposal is being applied **(applicant may tick more than one area)**

|  |  |
| --- | --- |
| Area | Click the box for the area |
| **Metabolic Disorders** |  |
| **Infectious Diseases** |  |
| **Auto immune disorders** |  |
| **Genetic and rare diseases** |  |
| **Neurodegenerative diseases** |  |
| **Oncology** |  |

1. Click the type of preclinical model for which application is being submitted (**applicant may tick more than one area)**

|  |  |  |
| --- | --- | --- |
| Models | Types | Click |
| In-Vitro models/tools | * Generating Immortalized cell lines including IPSC cell lines from patient specific diseases * Cell based assays and High throughput screening assays * Organoid models * High-throughput Humanized 3D bioprinted models * Organ on chip models * Development of Indigenous viral/non -viral vectors for disease induction and validation |  |
| In-Vivo models | * Transgenic, knockout induced models for Indicated disorders * Humanized models |  |

#### Essence of the Study Highlighting The Following

2.1 **Aim/Objective of the proposal**

**(Not more than 200 words) :**

2.2 **Summary of the proposal**

**(Not more than 500 words) :**

2.3 **Rationale for developing the**

**model (Not more than 400 words)**

2.4 **Novelty and inventive step involved**

**in developing the preclinical model in the**

**proposal\*Not more than 180-200 words**

2.5 **Explanation on superiority of the**

**proposed model over available models.**

**\*Not more than 500 words**

**2.6 Is the proposed model available in country**

**or in abroad? \*Not more than 200 words**

2.7 **Scientific/Technical details of the**

**proposal\*Not more than 500 words**

2.8 **Preliminary work performed with respect to development of preclinical models so far in PI laboratory. If yes then please upload the data for the work performed (The work submitted should reflect the experience in development of model specific to the proposal project)**

**Yes (Upload) No**

**2.9 If Yes upload if any available (relevant to the related area)**

* **Published work (upload option)**
* **Patents (upload option)**
* **Products commercialized/in pipeline (upload option)**

2.10 **National and international status of proposed technology . (500 words)**

2.11 **National Importance/ Social Relevance (500 words)**

2.12 **Competitors available**

2.13 **Commercialization Potential (Not more than 500 words) :**

2.14 **Risk factors with respect to Technology development, Methodology adopted, Commercialization, etc. and Mitigation strategy (up to 500 words)**

**2.15 Business and service model (Elaborate the prior experience if worked as service provider in past . (up to 500 words)**

**2.16** **Provide the details of service/ Governance model (up to 500 words)**

1. **Is This Proposal Based On IP Owned By The Applicant/Collaborator/Licensed From Abroad?**

Yes No

If you choose “Yes”, the following fields are appear in the form:

**Provide Details of IP Ownership By**

Applicant Collaborator Jointly by company & collaborator

Licensed

**Upload Patent/Patent Applied For/License Agreement**

Browse

Choose the “IP Ownership” & upload Patent/Patent Applied For/License Agreement in the pdf format.

#### 4. Anticipated Outcome/Deliverables

4.1

4.2

4.3

4.4

4.5

**5. Relevant references**

5.1

5.2

5.3

5.4

5.5

6. **Have you ever submitted this related proposal before under any of the BIRAC Schemes?**

No Yes

If you choose “Yes”, the following table will appear in the form:

Remove

Add

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select** | **Proposal Reference No.** | **Proposal Title** | **Proposal Status** | **BIRAC Scheme** |
|  |  |  |  | -Select- |

If you c any related proposal before under any BIRAC scheme fill down the details.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your form.

Reset all the fields

Reset

Close the form

Close

Fill all the necessary fields make sure your field’s data are valid.

* 1. **Details of Background IP generated so far and possibility of generating new IP through this project**

#### Steps:10 7. IP DETAILS

#### Steps 6: IP Details

* 1. **Countries/jurisdictions where the applicant intends to practice/market the proposed technology**
  2. **List Of Patents That Appear To Cover Any Part Of The Technology Of Interest Or Similar (And Possibly Overlapping) Technologies And Thereby Restrict The Freedom-To-Operate In The Envisaged Area.**

|  |  |  |
| --- | --- | --- |
| **Select** | **Patent Number** | **Patent Title** |
|  |  |  |

Remove

Add

* 1. **How Would The Present Proposal Be Able To Counter The Above Restrictions**?
  2. **List The Various Patented Technologies / Processes / Products That Would Be Made Use Of For Manufacturing / Commercialization Of The Proposed Product / Process Along With The Status Of The Patents. Whether Permission / License For Use If Such A Patent Owned / Being Sought For By The Company?**

1. **In Case The Technology Is Licenced From Abroad, Status Of Independent Validation In The Country Is To Be Provided Clearly**
   1. **Regulatory Approvals and Protocols**

|  |  |  |
| --- | --- | --- |
| **Select** | **Regulatory Approvals** | **Status Approvals obtained/ Approvals in process/ Applications yet to be submitted to the concerned authorities** |
|  |  |  |

Remove

Add

* 1. **Protocols: Protocol in the prescribed format required by the concerned agency for giving approvals**

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your form.

Reset all the fields

Reset

Cancel

Cancel

Fill all the necessary fields make sure your field’s data are valid.

**Step 11: Regulatory Details**

**Regulatory Details**

**DCGI Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse DCGI Approval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**RCGM & GEAC Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse RCGMApproval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**National Biodiversity Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Pollution Control Board Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Any other Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

Save your form.

Save

Reset all the fields.

Reset

Cancel the form

Cancel

**Step 12: UPLOAD PRELIMINARY DATA GENERATED FILE**

**Please upload a file addressing the Preliminary Data Generated**

**File:**

Browse

[View File](https://www.birac.nic.in/download.php?filename=1679464137_test.pdf)

\* Please Upload only pdf files

\* File Name should Contain only Alphanumerics(a-z,A-Z,0-9) and Underscore(\_)

\* File size should not be greater than 2MB

Save your form.

Save

Reset all the fields.

Reset

Cancel the form

Cancel

**Step 13: Proposal Objective and Timelines**

**SPECIFIC PROJECT PLAN AND DELIVERABLES**

**OBJECTIVES & WORKPLAN**

**(Drop down) Proposal duration – 12 Months**

**Proposal duration – 24 Months**

\* Please indicate overlap of any objective funded by any other funding agency/ (ies). Kindly provide disclosure amendments.

\* Indicate how each objective is exempted for Service Tax, in case exemption is desired.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Methodology/Experimental Design Detailed Work Plan** | **Alternate Strategies** | **Process Indicator for Measuring Success** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Fill all the necessary fields.

Save your form.

Save

Reset all the fields.

Reset

Cancel the form.

Cancel

**Step 14: Objective Wise Activities & Timelines**

##### **Objective: Test objective 1**

##### **Objective Wise Activities & Timelines**

This form appeared you if you filled the previous form “[SPECIFIC PROJECT PLAN AND DELIVERABLES](http://birac.nic.in/user/addobjectivefullmisc_new.php?calid=12&pid=2623&category_id=5&action=edit)”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be**  **undertaken by the company to**  **achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be**  **undertaken by the collaborator**  **to achieve a particular objective** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Remove

Add More

|  |  |  |  |
| --- | --- | --- | --- |
| **Please enter 1st Milestone under 1st Objective :** | | | |
| **S.no** | **Milestone** | **Month of start of Activity** | **Month of end of Activity** |
| 1. |  | 0 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities** | **Month of Start of Activity** | **Month of End of Activity** | **Deliverables** | **Name of Team member/collaborator responsible for completing the activity** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Remove

Add More

##### **Objective: Test objective 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please enter 2nd Milestone under 2nd Objective :** | | | |
| **S.no** | **Milestone** | **Month of start of Activity** | **Month of end of Activity** |
| 1. |  |  |  |

##### **Objective: Test objective 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities** | **Month of Start of Activity** | **Month of End of Activity** | **Deliverables** | **Name of Team member/collaborator responsible for completing the activity** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Add More

Remove

|  |  |  |  |
| --- | --- | --- | --- |
| **Please enter 3nd Milestone under 3nd Objective :** | | | |
| **S.no** | **Milestone** | **Month of start of Activity** | **Month of end of Activity** |
| 1. |  |  |  |

Fill all the necessary fields.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save your form.

Save

Reset all the fields.

Reset

Cancel

Cancel

**Step 15: Proposal Milestones**

##### **Proposal Milestones**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Milestones** | **Month of End of Activity** | **Description** |
| 1. |  | --NA-- | --NA-- |
| 2. |  | --NA-- |  |
| 3. |  | --NA-- |  |
| 4. |  | --NA-- |  |
| 5. |  | --NA-- |  |

Fill all the mandatory details.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel your form.

**Step 16: Budget Justification (Available) All forms showing the applicant contribution under various heads should be part of final form.**

##### **Available Equipment Details**

##### **Details of Equipment Available for this Project with Applicant**

Note: Please select and remove unused rows.

|  |  |  |
| --- | --- | --- |
| **Select** | **Name of Equipment** | **Units** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Add More

Remove

##### **Details of Equipment Available for this Project with Collaborator**

Test Collaborator – Private Organization

|  |  |  |
| --- | --- | --- |
| **Select** | **Name of Equipment** | **Units** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Remove

Add More

Fill all the mandatory details.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 17: Proposed**

##### **Details of Equipment Proposed To Be Acquired Through BIRAC Contribution for Applicant**

##### **Proposed Equipment’s & Accessories Details**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Infrastructure/Equipment** | **Capacity** | | **Quantity** | **Name Of The Collaborators For Whom The Equipment Is Requested** | **Specific Requirement in the Project** | **Total Estimated Value**  **(Rs. In Lakh)** |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  | | | **Total \*** | | | | |

Remove

Add More

**Accessories To Be Acquired through BIRAC's**

**Contribution for Applicant (Rs in Lakhs):**

##### **Details of Equipment Proposed To Be Acquired Through BIRAC Contribution for collaborators(s)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Infrastructure/Equipment** | **Capacity** | | **Quantity** | **Name Of The Collaborators For Whom The Equipment Is Requested** | **Specific Requirement in the Project** | **Total Estimated Value**  **(Rs. In Lakh)** |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  |  |  | |  | Select Collaborators |  |  |
|  | | | **Total \*** | | | | |

|  |  |
| --- | --- |
| **Collaborators Name** | **Accessories To Be Acquired through BIRAC's Contribution for Collaborator(s) (Rs in Lakhs)** |
|  |  |
|  |  |
|  |  |

Fill all the mandatory details.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 18: Details of Manpower (Available)**

##### **(Scientific and Technical) Already with Applicant Who Will Work In this Project**

##### **Manpower Details Available**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Name** | **Qualification** | **Age (In Years)** | **Full Time/Part Time (Specify hours Per Day)** | **Experience**  **(In Year)** | **Role In The Project** | **Position** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Add More

Remove

**Private Organization**

**Test Collaborator**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Name** | **Qualification** | **Age (In Years)** | **Full Time/Part Time (Specify hours Per Day)** | **Experience**  **(In Year)** | **Role In The Project** | **Position** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Remove

Add More

Fill all the mandatory fields.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

Save your form.

Reset

Reset all the fields.

Cancel the form.

Cancel

**Step 19: Details of Manpower (To be hired)**

##### **Manpower (scientific and technical) to be hired for the project through BIRAC contribution** **for Applicant**

##### **Manpower Details to be hired**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select | Position | No. of Position | Minimum Qualification | Experience  (In Year) | Duration For Which To be hired (in Years) | Age Limit, if any (In Years) | Role in the Project | Proposed Annual Salary (Rs. In Lakh) | Total Cost |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Remove

Add More

Fill all the mandatory fields.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form

**Step 20: Details of Manpower (Consumable Details)**

**Through BIRAC Contribution for Applicant**

##### **Consumable Details**

Note: Please select and remove unused rows.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select | Items | Quantity | Units (e.g. g/ml etc.) | Approximate Cost (Rs. In Lakhs) | Justification for the Requirement | Collaborators(s) |
|  |  |  |  |  |  | Select Collaborators |
|  |  |  |  |  |  | Select Collaborators |
|  |  |  |  |  |  | Select Collaborators |
|  |  |  |  |  |  | Select Collaborators |
|  |  |  |  |  |  | Select Collaborators |

Remove

Add More

**Total Amount Required For Consumable**

0.00

Fill all the mandatory fields.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel the form.

Cancel

**Step 21: Details of Manpower (Justification for Other Recurring Heads)**

**Through BIRAC Contribution for Applicant**

##### **Justification for Other Recurring Heads**

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Cost (Rs. In Lakh)** | **Travel Justification** | **Contingency Cost (Rs. In Lakhs)** | **Contingency Justification** |
|  |  |  |  |

Fill all the mandatory fields.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 22: Details of Manpower (Details on Work to be outsourced)**

##### **Details on Work to be outsourced**

Note: Please select and remove unused rows.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select | Work Proposed To Be Outsourced | Name of the Institute/Organization to Whom it is Proposed to be Outsourced | Whether The Applicant has Already Signed any Contract With this Institution/Organization | Estimated Cost Involved In (Rs. In Lakhs) |
|  |  |  |  |  |

Remove

Add More

**Total Amount Required Form BIRAC**

**% of Contribution By The Applicant of the above Total Cost:**

0.00

**Contribution By the Applicant:**

**Support Requested from BIRAC's:**

Fill all the mandatory fields.

If you don’t want to save this form now. You save it next time with modification.

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 23: Details of Manpower (Other Financial Details)**

##### **Other Financial Details**

1. **Details of the Other Sources of Funding Received/Requested/Committed For the Proposed Study. Please Include Government, Private, International Any Other Source**
2. **Funding Received So Far/Approved By Any Of The Government Agencies To The Applicant To Carry Out Any Other Activity During The Last Five Years(Give Details Like Project Title, Amount Received/Approved, Funding Agency And Status Of The Project)**

If you don’t want to save this form now. You save it next time with modification.

Save as Draft your form.

Save

Save as Draft

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 24: BUDGET SUMMARY AND DETAILS**

##### **Name of the Applicant: Test Applicant**

##### **Non Recurring Cost (Rs. In Lakhs)**

##### **Budget Details of Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment(A)** | **Accessories(B)** | **Total (A+B)** | **Total Support Requested From BIRAC (Rs in. Lakhs)** |
| 2.00 | 1.00 | 3.00 | 3.00 |
| BIRAC contribution in the form of | | Percentage | Amount (Rs. In Lakhs) |
| Grant-In-Aid | | 100 | 3.00 |

The below values are automatically calculated and filled in fields.

**Recurring Cost(Rs. In Lakhs)**

You just need to review the calculation and save the form.

Save

Save your form.

Cancel the form.

Cancel

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Manpower (A)** | **Consumable (B)** | **Travel (C)** | **Contingency (D)** | **Outsourcing**  **(E)** | **Total**  **(A+B+C+D+E)** | **Total Support Requested From BIRAC (Rs in. Lakhs**) |
| 8.00 | 1.00 | 1.00 | 1.00 | 0.00 | 1.30 | 3.00 |
| **BIRAC Contribution In The Form Of** | | | | **Percentage** | | **Amount (Rs. In Lakh)** |
| **Grant-In-Aid** | | | | 100.00 | | 1.00 |

**Step 25: BUDGET SUMMARY AND DETAILS**

##### **Name of the Applicant** **Collaborators(s)**

##### **Non Recurring Cost (Rs. In Lakhs)**

**BUDGET DETAILS OF COLLABORATORS(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment(A)** | **Accessories(B)** | **Total (A+B)** | **Total Support Requested From BIRAC (Rs in. Lakhs)** |
| 2.00 | 1.00 | 3.00 | 3.00 |
| BIRAC contribution in the form of | | Percentage | Amount (Rs. In Lakhs) |
| Grant-In-Aid | | 100 | 3.00 |

The below values are automatically calculated and filled in fields.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Manpower (A)** | **Consumable (B)** | **Travel (C)** | **Contingency (D)** | **Outsourcing**  **(E)** | **Total**  **(A+B+C+D+E)** | **Total Support Requested From BIRAC (Rs in. Lakhs**) |
| 8.00 | 1.00 | 1.00 | 1.00 | 0.00 | 1.30 | 3.00 |
| **BIRAC Contribution In The Form Of** | | | | **Percentage** | | **Amount (Rs. In Lakh)** |
| **Grant-In-Aid** | | | | 100.00 | | 1.00 |

You just need to review the calculation and save the form.

Save

Save your form.

Cancel the form.

Cancel

**Step 26: Budget Summary**

##### Name of Company **Test Company**

##### **Budget Summary**

**Contribution by Applicant**

|  |  |
| --- | --- |
| **Applicant** | 0 |
| **Sub Total (A):** | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Requested From BIRAC :** | | **Grant-In-Aid** | **Loan** |
| **Applicant** | 54 | 54 | 0 |
| **Sub Total(B)** | 110 | 110 | NA |
| **Total Project Cost(A+B)** | |  | 110 |

You just need to review the calculation and verify the form.

Verify

Verify your form.

Cancel the form.

Cancel

**Step 27: Supplementary Information**

##### **Supplementary Information**

1. **Provide references with full citations that are relevant to the proposal**

Browse

1. **Provide background on the current status of relevant research activities, either**

**nationally or internationally**

Browse

1. **Describe the public disclosure for your proposal which could be put in the public domain**

Browse

1. **Details of any work to be outsourced**

Browse

1. **Please upload any additional information**

Browse

\* Please Upload only pdf files   
\* File Name should Contain only Alphanumeric (a-z,A-Z,0-9) and Underscore(\_)   
\* File size should not be greater than 2MB

Browse all mandatory files and Save it.

Save

Save your form.

Cancel the form.

Cancel