**SACRED HEART COLLEGE, THEVARA**

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**APPLICATION FORMAT**

**Heartian Initiative for Building Innovation, Research and Development (HI-BIRDS 2023)**[To be submitted in 3 copies]

***(All fields are mandatory. Incomplete applications will be rejected. Attach additional sheet wherever necessary)***

1. Name of the Student Investigator:

* 1. Programme:
  2. Department:
  3. Register Number:
  4. Residential address with telephone number & email:

1. Title of the project proposal:

1. Achievement(s) of the student *(attach a separate sheet if necessary)*:
2. Average SGPA of the student:

1. Name of the supervising teacher:
2. Abstract of the project (max. 300 words):

1. Objectives of the project (*3-4 well defined objectives)*:

1. Detailed methodology of the project *(attach a separate sheet if necessary)*:
2. Socio- economic relevance of the project *(attach a separate sheet if necessary)*:

9. Time required to complete the project (maximum 6 months):

10. Estimate showing the expenditure involved in the project *(attach a separate sheet if* *necessary)*:

|  |  |  |
| --- | --- | --- |
| **Sl No.** | **Budget Head** | **Amount (Rs.)** |
| 1. | Consumables (Chemicals, glassware etc.) |  |
|  | Travel expense |  |
|  | Contingency (Stationary and similar items) |  |
|  | Books and Journals |  |
| 5. | Consultancies and Hiring services |  |
| 6. | Minor equipment |  |
| 7. | Others |  |
| 8. | Total |  |

11. Official bank account details of the Applicant:

|  |  |
| --- | --- |
| Institution Account Name (As per Bank Record) |  |
| Account No.(SB/CC) |  |
| IFSC |  |
| Branch Name |  |
| Branch Address |  |
| Mobile Number |  |
| E-mail ID |  |

**ENDORSEMENT**

I have scrutinized the project proposal titled “..................................................................................

………………………………………………………………….………..…..” and found that the project is feasible and can be completed by the student in the stipulated time frame and that I shall provide all the guidance and support needed for the successful completion of the project.

Signature of the Teacher Supervisor

Place:

Date:

Name, Official Address, Phone No.

(Land/Mobile) & e-mail:

**DECLARATION BY THE APPLICANT**

I hereby certify that all the details furnished above are true and correct to the best of my knowledge and declare that the amount sanctioned will be utilized exclusively for the successful completion of the project.

On completion of the project, a copy of the project report, certified Statement of Expenditure (SE) and Utilization Certificate (UC), Publication details in the format prescribed by Sacred Heart Advanced Research Endeavor (SHARE) shall be submitted to Sacred Heart College, Thevara within one month.

If the conditions of the project are not adhered to, I commit to refunding the entire amount received to the college.

|  |  |
| --- | --- |
|  | Place:  Date: Signature of the Applicant |
|  | Name, Address, Phone No. |
|  |
|  | (Land/Mobile) & e-mail: |