GURU NANAK DEV ENGINEERING COLLEGE, LUDHIANA.
Er. AMARJIT SINGH PABLA RESEARCH AWARD(ASP AWARD)
(For All Engg. Branches only)

Application Form
(All data are to be typed in Times New Roman Font – 11 points)

A. Project Title (in CAPITAL letters – maxm. 150 characters)**:**

B. Details of the Department (in CAPITAL letters)**:**

Name of Deptt.:	
Name of Head of Deptt.	

C. Particulars of Guide(s) [Maximum. 2 guides per project. The Principal Guide's name should be placed in Sl. no.1. Correspondence will be sent to the email of Principal Guide]**:**

Sl.	Name	Surname	Department	Gender (M/F)
G1				
G2				

Continued......

Sl.	Field of Specialization	Qualification	Experience (Years)
G1			
G2			

D. Particular of Student/(s) [The Principal Investigator's name should be placed in Sl. no.1. Correspondence will be sent to the email of Principal Investigator – maximum 3 students per project]**:**

Sl.	Name	Surname	Date of Birth (dd/mm/yyyy)	Gender (M/F)
S1				
S2				
S3				

Continued......

Sl.	UG/PG /Ph.D/ Diploma	Department	Year of study	Completion date of study (dd/mm/yyyy)	Branch of research subject**
S1					
S2					
S3					

**Choose from this list and write the corresponding codes mentioned within ( ):	
1. Civil Engineering (CE)	2. Mechanical Engineering (ME)
3. Electrical Engineering (EE)	4. Electronics & Commn. Engg. (ECE)
5. Production Engineering (PE)	6. Computer Scs. & Engg. (CSE)
7. Information Technology(IT)	8.

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E. Details of Published Papers in Journals/Conferences

1) By the Guide(s) (Please mention maxm 5 published papers in Peer-reviewed journals and National & International Conferences)

Sl.	Title of Paper	Authors	Name of Journal / Conference	Volume No. & Page no. (from-to)
1				
2				
3				
4				
5				

2) By the student(s) (Please mention maxm 3 published papers in Journals and National & International Conferences, if any).

Sl.	Title of Paper	Authors	Name of Journal / Conference	Volume No. & Page no. (from-to)
1				
2				
3				

F. Objectives of the proposed project – (2000 characters)

G. Review of R&D in the proposed area (National & International Status, Importance, patents etc.) – (3000 characters)

H. Project Duration (in months)   [03 Months for UG]   [06 Months for PG],   [12 Months for Ph.D].

I. **Work plan** (including detailed methodology and time schedule) – (5000 characters)

J. **Future plans** (1200 characters)

K. **Where the Research Findings / Developed Equipment can be used in future** (1000 characters)

L. **Facilities to be provided by Applicant's Deptt.:**

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M. Details of Financial Requirements (in Rs.) [Fund will be provided for non-recurring expenditure only i.e. for special equipment and small tools reqd. for this project, testing, experimentation, field visit etc. No scholarship, honorarium can be provided or permanent equipment like computers and peripherals can be procured under this award]:

Sl.	Details of expenditure	Type (Recurring / non-recurring)	Estimated Cost In Rs.	Fund to be arranged by student's Instt. / other sources*	Fund required from The Institution of ASP Award. In Rs.
	TOTAL:				

SUMMARY OF FINANCIAL REQUIREMENT (in Rs.)

Type	1 – 3 months	4 – 6 months	7 - 12 Months
Recurring			
Non-recurring			
TOTAL			

*Please mention the other sources of fund (if any):

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Declaration:

Project Title

Declaration by student/s:

I/we..
(Name of student/s)

....

of ....
(Name of Deptt.)

hereby declare that I/we shall undertake the project strictly in accordance with the provisions specified in the project proposal and we shall submit half-yearly reports about the progress of the work and final report as per the format of Institute on completion of the project. In case of failure, we shall refund the grant to Institute. We also authorize Institute to publish the findings of the project in their publications and also to use the same for any useful purpose as deemed fit by the Institute.

Date:

Place: Signature of student/s with University Roll No._____

Recommendation by guide/s:

I/we ....
(Name of guide/s)

of ....
(Name of Deptt.)

recommend the above project, which is to be carried out under my/our supervision. We shall arrange to submit half-yearly reports about the progress of the work and final report as per the format of Institute on completion of the project. In case of failure, we shall arrange to refund the grant to Institute. We also authorize Institute to publish the findings of the project in their publications and also to use the same for any useful purpose as deemed fit by the Institute.

Date:

Place: Signature of guide/s with Mobile no. _____

Recommendation by the Director:

The project is recommended for obtaining grant-in-aid with the following conditions:
i) The Investigator will be governed by the rules and regulations of the Institute and will be under administrative control of the University/ Institute for the duration of the project.
ii) This grant-in-aid by will be used to meet the expenditure on the project and for the period for which the project has been sanctioned.
iii) No administrative or other liability will be attached at the end of the project.
iv) The Deptt., will take into its books all assets received under this sanction.

Signature of
Head of Department

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Information Sheet

1. **PROJECT TITLE** (in CAPITAL letters – maxm. 150 characters)**:**

2. **INFORMATION ABOUT THE GUIDE/S**

2.1 NAME OF GUIDE/S [Maximum 2 guides per project]

Sl. No.	Name	Mobile No.	Department
1			
2			

2.2 CONTACT DETAILS OF PRINCIPAL GUIDE (ALL COMMUNICATION WILL BE SENT TO THIS CONTACT):

Email	Mobile No.

3. **INFORMATION ABOUT THE STUDENT/S (MAXM. 3 STUDENTS PER PROJECT)**

4.1 CONTACT DETAILS OF PRINCIPAL STUDENT INVESTIGATOR (ALL COMMUNICATION WILL BE SENT TO THIS CONTACT):

Email	Mobile No.