

**COVERING LETTER FOR  
HP SPECIFIC RESEARCH & DEVELOPMENT PROJECTS 2019-20**  
(To be given on institution letter head)

To

**The Member Secretary**

H.P. Council for Science, Technology & Environment (HIMCOSTE),  
Vigyan Bhawan, Near Udyog Bhawan,  
Bemloe, Shimla- 171001

Sir,

1. A research project entitled “ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_” is forwarded herewith.

2. It is certified that the same project or project with similar objectives has not been submitted to any other funding agency by the Investigator.
3. We have carefully read the terms and conditions of sanctioning the project and agree to abide by them.
4. The organization will provide all necessary infrastructural facilities (both laboratory and administrative) if the project is sanctioned.
5. The organization is fully responsible in regard to matters pertaining to the project.

Yours sincerely,

(Principal Investigator)

(Signature of Registrar/ Director/ Head of the  
Institution with stamp)

Date.....

Place.....



**Himachal Pradesh Council for Science, Technology & Environment  
(HIMCOSTE)**

**Annexure-I**

**FORMAT FOR SUBMISSION OF HP SPECIFIC RESEARCH & DEVELOPMENT  
PROJECTS 2019-20**

**Registration No.: HIMCOSTE (R&D)/2019- 20:**

**1. Project Title :**

**2. Sub-themes (Tick one of the following):**

- 2.1 Application of Science and Technology for the upliftment of rural population in H.P.*
- 2.2 Disaster Management especially w.r.t Earthquake resistant structures, landslides and flash floods in H.P.*
- 2.3 Health science especially public health and medicine specific to health issues in H.P.*
- 2.4 Renewable energy especially w.r.t Solar, Wind and Passive Solar Heating in H.P.*
- 2.5 Material science and its applications*
- 2.6 Artificial Intelligence /Machine Learning*
- 2.7 Improve scientific basis for risk assessment and risk management with regard to water quality*
- 2.8 Geospatial technology and its applications in H.P.*

**3. Duration in months : 24 months**

**4. Total cost (in numbers and words) :**

**5. Name of the Principal Investigator :**  
(Whether belongs to SC/ ST  
Attach certificate)

**6. Sex (Male/ Female) :**

**7. Designation and Official Address :**

**8. Telephone :**  
Fax :  
E-mail :  
Mobile No. :

**9. Co-Investigator**

(Whether belongs to SC/ ST :  
Attach certificate)

**10. Sex (Male/ Female) :**

**11. Designation and Official Address :**

**12. Telephone :**

Fax :

E-mail :

Mob. No. :

**13. Project Summary :**

(maximum 150 words)

**14. Key words (maximum 6) :**

**15. Introduction (under the following heads)**

(a) Relevance of Research Questions :

(b) Addressing priority of the State of H.P. :

(c) New Innovativeness expected in the Project:

(d) Appropriateness of design/ techniques for the research questions to be answered

(e) Effective control to experiments

(f) Economic evaluation and cost efficiency of the project

(g) How appropriately the expected output answers the questions being addressed in the specific subject matter/area?

## 16. Work plan

(a) Methodology

(c) Time schedule

## 17. Budget Estimates: Summary

S. No.	Item	Budget		
		1 <sup>st</sup> Year	2 <sup>nd</sup> Year	Total (Rs.)
1.	Remuneration (Salaries/ Wages)			
2.	Consumables			
3.	Travel			
4.	Other Costs			
5.	<b>G. Total</b>			

### 17.1. Budget for Remuneration with Justification

S. No.	Designation of persons engaged in project	Number of persons engaged	Monthly Emoluments	Budget		Total (in Rs.)
				1 <sup>st</sup> Year	2 <sup>nd</sup> Year	

	Total					

### 17.2 Budget for Consumables With Justification

S. No.	Item	Quantity/ No.	Budget		Total (in Rs.)
			1 <sup>st</sup> Year	2 <sup>nd</sup> Year	
	Total budget required				

### 17.3 Budget for Travel With Justification

S. No.	Travel (Only inland travel)	Budget		Total (in Rs.)
		1 <sup>st</sup> Year	2 <sup>nd</sup> Year	

### 17.4 Budget for Other Costs/ Contingencies With Justification

S. No.	Other costs/contingency costs	Budget		Total (in Rs.)
		1 <sup>st</sup> Year	2 <sup>nd</sup> Year	

**18. Availability of major Infrastructural Facilities & Equipments with the parent institution(s) –**  
Yes/ No (Specify)-

**19. Detailed Bio-data of the Principal Investigator(s)/ Co-Investigator(s) including Name, Address, Date of Birth, Institution's Address etc. Academic Qualifications (University/ College from where attained, year of passing, class, Thesis title etc.), Whether SC (Y/N).**

Publications list (Title of paper, authors, Journal details, pages, year etc.)  
Patent list, if any

**20. Details of Research Projects** being implemented/ completed/ submitted; separately by the Principal Investigator(s)/ Co-Investigators including Investigator(s) Name & Institute; Project Title; Project Status (**Completed Projects**-Duration, period, funding agency and total cost; **Ongoing Projects**- Duration, date of start, funding agency and total cost; **Proposed Projects**- Duration, funding agency where submitted, and total cost of the Project, Summary of the project, Major Results/ Highlights of the project including achievement (publications, patents etc.).

**21. Any other relevant information**

\*Format is to be filled by the applicant; with no change in serial number of headings

\*\*The space between headings maybe expanded during filling the application

**ENDORSEMENT FROM HEAD OF THE INSTITUTION**

(To be given on institution letter head)

**Title of the Project:**

1. The Institute certifies the participation of \_\_\_\_\_ as the Principal Investigator and \_\_\_\_\_ as the Principal Co-investigator for the project and that in the unforeseen event of discontinuance by the Principal Investigator, the Principal Co-investigator will assume the responsibility of the fruitful completion of the project (with due information to the funding agency).
2. Certified that the equipment and other administrative facilities as per terms and conditions of the grant, will be extended to the investigator(s) throughout the duration of the project.
3. The Institute assumes to undertake the financial and other management responsibilities of the project.

Date:

Place:

**Name and Signature of  
Head of the Institution**