

**FORMAT FOR STUDENT PROJECT PROPOSAL FOR THE**

**42nd SERIES OF STUDENT PROJECT PROGRAMME**

**STREAM A : PROJECT PROPOSAL FOR FURTHER DEVELOPMENT**

***(Hand written proposals will not be accepted, please fill all the details in this MS word file as per the following format. Kindly take a photocopy of completely filled project proposal and Demand Draft for filling up the Google Forms).***

[**https://goo.gl/forms/UsilS6ODB0BZL2QC3**](https://goo.gl/forms/UsilS6ODB0BZL2QC3)

***For details please Contact email:*** [***spp@kscst.iisc.ernet.in***](mailto:spp@kscst.iisc.ernet.in) ***and visit*** [***http://www.kscst.iisc.ernet.in/spp.html***](http://www.kscst.iisc.ernet.in/spp.html)  
***Telephone : 080 23600978, 080 23341652 Extn.25***

|  |  |
| --- | --- |
|  | **Name of the College :** |
|  | **Project Title** |
|  | **Branch:** |
|  | **Broad Theme / Category (as per KSCST poster) :** |
|  | **Name(s) of project guide(s) :**   1. **Name : Prof. / Dr. / Mr. / Mrs.**   **Email id :**  **Contact No.:**   1. **Name : Prof. / Dr. / Mr. / Mrs.**   **Email id :**  **Contact No.:** |
|  | **Name of Team Members (Strictly not more than four students in a batch):**  **(Please paste the latest passport size photograph adjacent to your respective names)**   1. **Name :**   **USN No. :**  **Email id :**  **Mobile No. :**   1. **Name :**   **USN No. :**  **Email id :**  **Mobile No. :**   1. **Name :**   **USN No. :**  **Email id :**  **Mobile No. :**   1. **Name :**   **USN No. :**  **Email id :**  **Mobile No. :** |
|  | **Team Leader of the Project :**  **Name :**  **USN No. :**  **Email id :**  **Mobile No. :** |
|  | **Processing Fee Details (Demand Draft should be drawn from Canara Bank / State Bank of India only):  (processing fee of Rs. 1000/- drawn in favour of Secretary, KSCST, Bangalore – 12)**  **Demand Draft No. :**  **Date :**  **Bank name :**  **Note :** Please indicate Team Leader name, Project Title and Name of the College on the backside of the DD. |
|  | **Date of commencement of the Project :** |
|  | **Probable date of completion of the project :** |
|  | **Is this project, an improvised work of project awarded as "Best Project of the Year" in previous series of SPP**  **Yes / No :**  **Note:** If yes, Please provide the following details of the project.  **Title of the Project:**  **Series of SPP :**  **College :** |
|  | **Scope / Objectives of the project:** |
|  | **Methodology :**  **Note :** If this project is an improvised work of the previously awarded project, then please specify the improvised work with respect to the technical aspects. |
|  | **Expected Outcome of the project :**    **Note :** If this project is an improvised work of the previously awarded project, then please give a brief comparison of the results of earlier work and improvised work proposed by you.  The deliverables shall clearly indicate the improvement / additional development made with respect to the continuation of the project. There shall be subsequent improvement / change in the proposed project. Else the project proposal will be rejected.  **Results of the improvised work:**   1. **Novelty/Innovation of the modified device:** 2. **Deliverables ( Design/Drawings/Protocol/Prototype):** 3. **No. of Trial Runs:** 4. **Cost effectiveness:** 5. **Industrial Application:** |
|  | **Application of the project :**   1. **Industry** 2. **Health** 3. **Agriculture** 4. **Disaster Management** 5. **Societal** 6. **Education / Academic**   (You may provide details also) |
|  | **Is the project proposed relevant to the Industry or Institution? :**  **Yes / No**  **If Yes, Please provide details of the Industry / institution and contact details :**  (**Note:** Preference will be given to those projects relevant to the industry / institution. Hence be specific in giving detailed information). Is the industry extending support - technology / funds / use the final product, please specify. |
|  | **In case of fabrication work in the project, an engineering drawing with dimensions / detailed design calculations (approximately) of the machine / device should be attached to the proposal.** |
|  | **Can the product or process developed in the project be taken up for filing a Patent?**  **Yes / No.**  **If Yes, you may contact Patent Information Centre of KSCST  for more details**  Karnataka State Council for Science and Technology  Indian Institute of Science Campus, Bengaluru - 560012  Tel: +91-080-2334 1652 / 2334 8848 / 2334 8849  Email : patent@kscst.iisc.ernet.in |
|  | **Budget details (break-up details should be given) :**   |  |  | | --- | --- | | **Budget** | **Amount** | | a) Materials / Consumables | 0.00 | | b) Labor | 0.00 | | c) Travel | 0.00 | | d) Report | 0.00 | | e) Miscellaneous | 0.00 | | **Total** | 0.00 | |
|  | **Any other technical details (Please specify) :** |
|  | **SPP Coordinator (Identified by the college) :**  (Note: KSCST will be providing financial and technical support to student projects and these projects will be evaluated by experts in identified nodal centres. There will be interaction between students and experts to fine-tune the project in the nodal centre. The project recommended by experts will be selected for state level Seminar and exhibition. Hence the role of SPP Co-ordinator is very important to KSCST regarding receipt of project sanctioned, amount released to the College, informing the concerned project guides regarding evaluation of projects and sending the softcopy and hardcopy of the reports to KSCST.  Further interacting with the Principal of the institution in submission of statement of expenditure, etc. Hence it is requested that the Principal of the institution to nominate the SPP Co-ordinator for smooth functioning of educational Programmes of KSCST.)  **Name : Prof. / Dr. / Mr. / Mrs.**  **Email id :**  **Contact No.:** |

|  |  |
| --- | --- |
| **(Name & Signature of Project Guide with Seal)** | **(Name & Signature of HOD with Seal)** |
| **Email id:** | **Email id:** |
| **Contact No.:** | **Contact No.:** |

**DECLARATION**

**(From Project Students)**

We, the project team hereby declare that the details enclosed in the project proposal are true and correct to the best of our knowledge and belief and we undertake to inform KSCST of any changes therein in the project tile, students name will be intimated immediately. In case any of the above information is found to be false or untrue or misleading, we are aware that we may be held liable for it. We hereby authorize sharing of the project information with this project proposal with the Karnataka State Council for Science and Technology, Bangalore.

We are aware that the project team has to exhibit / demonstrate the project in the nodal centre and interact regarding project with the experts and to exhibit the project in the State Level Seminar and Exhibition (if selected). If the student team fails to attend the evaluation in nodal centre or fails to attend the State Level Seminar and Exhibition, the supported project amount will be returned back to KSCST.

We also hereby, enclose the endorsement form to KSCST, Bengaluru.

**Name of the students Signature with date**

**ENDORSEMENT**

**(From College, endorsement to be taken in the institution / Department Letter head)**

This is to certify that 1) Mr. / Ms.……...................., 2) Mr. / Ms. ……………................  
3) Mr. / Ms. …………………............, 4) Mr. / Ms. ……………………................, are bonafide student(s) of Department of ......................................................., in the degree program of our institution. If the project proposal submitted by these students under the 42nd Series of Student Project Programme is selected by KSCST, we will provide the requisite laboratory / Computer / infrastructure support in our college / Institution. Further we also take necessary steps to see that the project team will exhibit / demonstrate their project in the nodal centre and in the State Level Seminar and Exhibition (if selected). If the student team fails to send the completed project report or fails to attend the evaluation in nodal centre or fails to attend the State Level Seminar and Exhibition, the supported project amount will be returned back to KSCST.

|  |  |  |
| --- | --- | --- |
| **(Name & Signature of  Project Guide with Seal)** | **(Signature of HOD with Seal)** | **(Signature of the Principal with Seal)** |
| **Email id:** | **Email id:** | **Email id:** |
| **Contact No.:** | **Contact No.:** | **Contact No.:** |