**CENTRE OF RESEARCH,**

**Paste Your**

**Passport**

**Size**

**Photograph**

**Here**

**INDIAN INSTITUTE OF TEACHER EDUCATION**

**GANDHINAGAR, GUJARAT**

#  Application Form for Research Projects

**I. PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **1.**  | **Name of the Applicant**  |    |
| **2.** | **Address for communication**(*including mobile number and email ID)* |   |
| **3.** | **Permanent Address** |  |
| **4.** | **Present Position and Office Address** |  |
| **5.** | **Date of Birth (DD/MM/YYYY)** and age as on last date of application. |  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_ Years \_\_\_\_\_ Months |
| **6.** | **Indicate your category** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GEN |  | SC |  | ST |  |

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|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male  |  | Female |  | Transgender |  |

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|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Persons with Benchmark Disability  | Yes |  | No |  |

 |

**II -Educational Qualifications of the Project Investigator**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Degree | Name of the University | Year of Passing | % of marks | Main Discipline |
| Master’s  |  |  |  |  |
| M. Phil. |  |  |  |  |
| Ph. D. |  |  |  |  |
| Post-Doctoral |  |  |  |  |

**III-Research Experience of the Project Investigator**

|  |  |  |
| --- | --- | --- |
|  | Number | Brief Detail (Title and supporting Institution) |
| Project Completed (latest 5) |  |  |
| Ongoing projects(with completion date) |  |  |
| Fellowships |  |  |
| Ph.D Guidance |  |  |
| M.Phil Guidance |  |  |
| Papers published in Journals (max. 5) |  |  |
| Papers published in Books (max. 5) |  |  |
| Books published (max. 3) |  |  |

**Are you in Service? \* Yes \* No**

**If yes ---**

|  |  |
| --- | --- |
| Designation: (Professor / Associate Professor / Assistant Professor / Others)Employer’s detailsName:Address:Contact Number:Email ID:Website: |  |

**If No ----**

|  |  |
| --- | --- |
| Last Designation: (Professor / Associate Professor / Assistant Professor / Others)Last Employer’s detailsName:Address:Contact Number:Email ID:Website: |  |
| **Whether received any financial assistance from any other national/international institution** Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Award \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount sanctioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Completion, if completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If incomplete, proposed date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IV-Affiliation Details**

|  |  |
| --- | --- |
| **Name & Address of the affiliating institution****(***website including phone number, email ID***)** |  |
| **Type of affiliating institution**  | Institute of National Importance Central University State University Govt. funded InstitutionsICSSR Research InstitutePrivate Institutions with UGC 12(b) status Private Insitutions without UGC 12 (b) status  |

**V-Details of Project Investigators (Provide the details of other investigators in case of more than one project investigator are going to work together)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Institution** |
|  |  |  |
|  |  |  |
|  |  |  |

**VI-Budget and Duration**

|  |  |
| --- | --- |
| **Total Grant expected under the scheme (In Rs.)** |  |
| **Duration Proposed** |  |

**VII- Project Proposal**

**(i) Title of the Research Proposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ii) Abstract (approx. 200 words)**

**(iii)Introduction of the proposed study (approx. 200 words)**

**(iv)Major existing research works reviewed (approx. 300 words)**

1. **International**
2. **National**

**(v) Identification of Research gap (approx. 200 words)**

**(vi) Framework and methods proposed for research (approx. 300 words)**

* Objectives of the study
* Research Questions
* Hypothesis of the study
* Variables of the study
* Operational definition of the terms/ Explanation of the terms
* Delimitation of the study
* **Research Methodology**
* Research method
* Population of the study
* Sample of the study(Sampling technique and sample size)
* Tools and Techniques
* Data Collection Procedure
* Data Analysis Techniques

**(vii) Innovativeness in the proposed research (150 words)**

**(viii) What is expected path-breaking in the research (200 words)**

**(ix)Expected Outputs such as papers, report, book, document, dataset etc. (100 words)**

**(x)Relevance of the proposed study for policy-making (approx. 300 words)**

**(xi)Relevance of the proposed study for society (approx. 200 words)**

**(xii)Proposed budget of the study under expenditure heads with justification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Heads of Expenditure** | **Number** | **Months** | **Rate** | **Amount** |
| 1. Research Staff |  |  |  |  |
| 1. Research Associate
 |  |  |  |  |
| 1. Research Assistant
 |  |  |  |  |
| 1. Field Investigator
 |  |  |  |  |
| 2. Field work |  |  |  |  |
| 3. Equipment and study material |  |  |  |  |
| 4. Contingency |  |  |  |  |
| 5. Workshop / Seminar related to study |  |  |  |  |
|  **TOTAL** |  |  |  |  |
| 6. Publication of report 5%(to be retained by IITE) |  |  |  |  |
|  **Grand TOTAL** |  |  |  |  |
| Affiliating Institutional overheads\* over and above the grand total |  |  |  |  |
| \* Affiliating Institutional overheads @ 5% of the approved budget  |

Note: the detail of research staff requirement may be advised by IITE if approved.

**Justification of different heads of budget** (write in 30 words each)

1. Research Staff

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Field work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Equipment and study material

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Declaration

I hereby declare that:

1. I have neither been subjected to any disciplinary action nor found guilty of any offence in my career.
2. The Research Proposal and its contents are entirely original and as per the standard practice.
3. I have not concealed any information in my application. If IITE finds any contrary information at any stage, it may cancel my study out rightly.

Place:

Date:

**Signature of the Candidate**

## **Annexure/Checklists (in the given order)**

1. Application form in prescribed format

2. Research Proposal along-with summary

3. Forwarding letter from the University/Institute of Affiliation (will be required to submit at the time of interaction)

4. CV of all Researchers (PIs and Co-PIs) with their signature and consent in writing (Brief CVs, not more than four pages each).

**Forwarding Letter by the Affiliating Institution**

 *(By Head of the University/Institution)*

The Director,

Centre of Research,

Indian Institute of Teacher Education (IITE)

Ramakrishna Paramhans Vidya Sankul,

Near KH-5, KH Rd,

Sector 15, Gandhinagar,

Gujarat - 382016.

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the organization) forwards the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the applicant) for Research Project.

We agree to administer the funds, provide basic research infrastructure facilities, make available all its research facilities such as library, laboratory and other equipment and other office assistance for the Research Project.

If the scholar is working on the Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Project to a new institution, subject to the approval of the IITE. The institution, however, shall be responsible for submitting the audited statement of accounts and utilisation certificate for the grant received and utilised. Overhead charges will be apportioned as per IITE rules.

On completion of the Project, the institution will make sure that all books/periodicals/equipment purchased out of the project grant by the scholar are deposited with the affiliating institutions and same must be acknowledged along with book entry by the authorized person of affiliated institution to IITE

Signature of the Director of the Institute /

 Principal/ Registrar

 (with name and stamp)

Place: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the applicant)

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_