STUDENTS PROJECT

Title of the Project

Project Plan Proposal

Supervised by

Name of Supervisor

Designation & Department

Submitted by

Name of Candidate

Class & Department

Submitted to



IIS(Deemed to be University), JAIPUR

(2018-2019)

FORMAT FOR SUBMISSION OF PROPOSAL FOR STUDENTS PROJECT PART – A

| 1. | N | ame of the Depar | tment where the project will be undertaken: | | |
|----|-----------------------------|-------------------|---|--|--|
| 2. | В | road area of prop | osed research | | |
| 3. | А | Applicant | | | |
| | (i) | Name : | | | |
| | (ii) | Class with Seme | ester: | | |
| | (iii) | IISU Enrolment | No.: | | |
| | (iv) | Date of Birth: | | | |
| | (v) | Telephone No. | (R) | | |
| | (vi) | Email : | (M) | | |
| | (vii) Residential Address : | | | | |

4. Name of the Supervisor

PART - B

Proposed Research Work

1.

- (i) Project Title
- (ii) Origin of the research problem
- (iii) Review of Research and Development in the subject :
- (iv) Objectives
- (v) Methodology
- (vi) References
- (vii) Plan of work and targets to be achieved
- (viii) If the candidate is working for the project/dissertation (A summary of the report/thesis in about 200 words may please be attached with the application)
- (ix) Details of collaboration, if any (intended)

2. Estimated Expenditure

| S.No. | Item | Estimated Expenditure |
|-------|--|------------------------------|
| 1. | Books & Journals | |
| 2. | Equipment, If needed | |
| 3. | Field Work and Travel (Please specify name & approx. Cost) | |
| 4. | Chemicals and Glassware | |
| 5. | Consumables | |
| 6. | Outsourcing | |
| 7. | Contingency (including special needs) | |
| | Total:- | |

- **3.** Institutional and Departmental facilities available for the proposed work :
- **4.** Any other information which the applicant may like to give in support of this proposal which may be helpful in evaluating.

Declaration by the Applicant

To certify that:

- (i) I/we shall abide by the rules governing the scheme in case assistance is provided to me/us from the IISU for the above project
- (ii) I/we shall complete the project within the stipulated period. If I/we fail to do so and if the university is not satisfied with the progress of the research project, it may be terminated and immediately ask for the refund of the amount received by me/us.

Applicant
Name & Signature

Declaration by the Supervisor

To certify that:

- (i) The proposed project has potential for primary research and the outcome the project may prove to be valuable addition to the subject knowledge, or The project is of interdisciplinary nature and its outcome may be quite useful.
- (ii) General physical facilities, such as furniture/space etc., are available in the Department/College.
- (iii) The above research Project is not funded by any other agency.

Supervisor Name & Signature

Recommended/Not Recommended

Research Committee (with comments)

Registrar

Vice Chancellor

STUDENTS PROJECT

Title of the Project

Project Report

Supervised by

Name of Supervisor

Designation & Department

Submitted by

Name of Candidate

Class & Department

Submitted to



IIS(Deemed to be University), JAIPUR

(2018-2019)

The report should be consists of

- Cover page
- Certificate by the supervisor
- Index
- Abstract
- Introduction
- Review of Literature / Back ground of the problem
- Methodology (Observation / Data Collection)
- Data analysis and Results
- Conclusion
- References

| It is hereby certified | that Ms. | , | student of |
|-------------------------|-----------------|------------------------|---------------|
| | Enrollme | ent No | of |
| IIS (Deemed to be Uni | versity) Jaipur | has worked under my | y supervision |
| for Stude | ent | Project | entitled |
| ··· | | " funded by IIS | (Deemed to |
| be University) Jaipur. | She has com | pleted her work sind | erely in the |
| prescribed period. To | the best of | my knowledge, it is | an original |
| contribution and has n | ot been subm | itted for any other de | egree of any |
| University. I consider | this Student | project is fit in all | respect for |
| submission to the Unive | rsity. | | |

Date:-

Signature of Supervisor of the Department

Statement of Expenditure (2018-19)

| Name: IIS | (Deemed to be University) Jaipur, Students project |
|-------------------|--|
| Sanctioned | Letter No. & Date |

Name of the candidate -

Title of the project

Name of the supervisor -

Details of Expenditure:

| S.NO. | Head | Sanctioned Amount | Details | Bill No. | Date | Amount (in Rs.) | Balance (if any) |
|-------|-------|----------------------|---------|----------|------|-----------------|------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| | Total | Rs. | | | | | |

• Please enclose the original bills regarding expenditure incurred.

Signature of Student Signature of Supervisor

Received two copies of

Project Report

Office Assistant

(Project)

(Section Officer, Research)

Signature of Registrar

Signature Chief Accounts Officer