

**SHASTRI INSTITUTIONAL COLLABORATIVE RESEARCH GRANT (SICRG)**

APPLICATION FORM 2015-16

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| 1 | Name of the Lead Applicant: | Name of Co-Applicant: |
| E-mail: | | E-mail: |
| Name of lead institution: | | Name of co-applicant's institution: |
| Mailing address: | | Mailing address: |
| Telephone: | | Telephone: |
| Mobile: | | Mobile: |
| Fax: | | Fax: |
| E-mail: | | E-mail: |
| Name of authorised representative (if available other than the lead applicant) in lead institution: | | Name of authorised representative (if available other than the co- applicant) in partner institution: |
| E-mail: | | E-mail: |
| Please list any awards previously received under Shastri Indo-Canadian Institute: | | Please list any awards previously received under Shastri Indo-Canadian Institute: |

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| 2 | Please provide a Short Title that clearly describes your proposed SRCPG project: |
| 3 | Please attach as an annexure the background and rationale of the proposed project Maximum 300 words). (Please mention the Annexure Number here): |
| 4 | Please attach as an annexure description of the main objectives of your project (Maximum 350 words). (Please mention the Annexure Number here): |
| 5 | Please attach as an annexure the activities that you hope will occur in the 18-24 months following the completion of your project as a result of the work that you do? (Maximum 300 words) (Please mention the Annexure Number here): |

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| 6 | Please provide a summary description of your proposed project (1,500-2,000 words, excluding bibliography) including goals, activities proposed, timeline, participants, involvement of business, government and civil society organizations (if any), dissemination strategy, and expected medium to long term contribution towards India- Canada collaborations. (Please mention the Annexure Number here): | |
| 7 | A detailed balanced budget that describes and justifies anticipated expenditures and indicates other funding sources, particularly those from the institution itself. (Please mention the Annexure Number here): | |
| 8 | Please indicate whether you are associated with a SICI member institution of good standing or not. | |
|  | | |
| 9 | Signatures : | |
| Signature of the Lead Applicant: | | Signature of the Co-Applicant: |
| Date: | | Date: |