

CENTRAL SANSKRIT UNIVERSITY
Established by an Act of Parliament
Under the Ministry of Education, Govt. of India
56-57, Institutional Area, Janakpuri, New Delhi-110 058

(Incomplete Proforma shall not be entertained)

Ashtaadashi Project - 2022-23

APPLICATION FORM
FOR FINANCIAL ASSISTANCE UNDER ASHTAADASHI (18 PROJECTS)
FOR SUSTAINING THE GROWTH OF SANSKRIT

- Area of the Project** :
- Title of the Project** :
1. Name of the organization :
2. Complete postal Address :
3. Phone Number :
4. Fax Number :
5. Email address :
6. a. Date of Registration (copy
of Registration certificate)
in case of NGOs please furnish U.I.D no.
and also enclose a copy :
- b. Date of Registration at Darpan Portal of
NITI Ayoga, Government of India (NGOs &
Voluntary Organizations must invariably be
Registered with the and submit the proof of
the same).
7. Infrastructure and facilities available :
8. Major activities in promotion of Sanskrit during the last 03
Years (yearwise) on separate sheet :
9. Projects for which Financial Assistance
is being sought :

Following information in respect of each project may be Submitted separately on separate sheets (in details):

1. **Title of the Project** :
2. **Name of the Project Area** :
3. **Name of the Institution** :
4. **Name and designation of the Principal Investigator (P.I.)** :
5. **Name and designation of Co Investigator (Co P.I.)(if any)** :
6. **Details of the Projects under taken by the P.I. (completed or ongoing) :**

S.No.	Name of the Project	Duration of the Project	Funding Agency	Total Budget	Present Status (Completed/ongoing)

7. **Details of the Projects under taken by the Co P.I. (if any)(completed or ongoing) :**

S.No.	Name of the Project	Duration of the Project	Funding Agency	Total Budget	Present Status (Completed/ongoing)

8. **Brief introduction about Project** :
Summary of the Project/research proposal (about 500 words) in separate sheet may be enclosed
9. **Objectives of the Project (Point wise)**
The broad Aim & Objectives of the Project emphasizing thrust area.
I.
II. III. IV.
V.
VI.
10. **Proposed outcome of Research**
Project I.II.
III.

IV.

V.

VI.

11. Methodology

(a) Coverage (please attach separate sheet giving the serial no. 11 (a))

(b) Data Collection/analysis or any other activity (please specify)
(please attach separate sheet giving the serial no. 11 (b))

12. Proposed Budget

This should indicate the cost of personnel, travel (no. of days and places with justification), data processing, stationery and printing, books, journals, equipment, contingency and any other items.

Non-Recurring grants (equipment, Books & Journals etc):-

S.No.	Item	Amount Proposed	Justification
i.	Equipment (in case of extreme necessity, further adequate Justification needs to be given)		
ii.	Books & Journals		
iii.	Others		
	Total		

Recurring grants (to be given on a separate sheet):-

S.No.	Item	Amount Proposed Yearly			Total
		Ist Year	IIInd yr.	IIIrd yr.	
i.	Remuneration for Project fellow				
ii.	Remuneration for Data Entry Operator				
iii.	TA/DA for data collection and Project meeting				
iv.	Miscellaneous/expenses				
v.	Seminar/workshop (if approved by University)				
vi.	Hiring Service (other experts if necessary)				
vii.	Special Needs				
viii.	Stationary etc.				
ix.	Contingency				
x.	Honorarium				
xi.	Overhead 5% of recurring grant				
	Total				

Total Budget

S.No.	Item	Amount Proposed Yearly			Total
		Ist Year	IIInd yr.	IIIrd yr.	
i.	Non-Recurring grants				
ii.	Recurring grants				
	Grand Total				

(* In case of Financial Assistance for honorarium to scholarship/ research associates and officestaff salary, the details of the same may be enclosed.

13. How many pages of book outcome, if applicable :

14. Time Budgeting

Year/Month	Activities	Budget (Item wise)

b. a. Detailed Bio-data of the P.I. along with the List of publications (please enclose)

b. Experience in the proposed area :

a. List of publication / experience in :
Project work of Co-Investigator
(details may be attached)

Date & Signature of Co-PI
Investigator

Signature of Principal
Investigator

Signature of forwarding authority/Head of the Institution alongwith Seal
(Name, Designation and signature of the Authorized Signatory)

(Recommendation of the State Govt./Registrar concerned University)

NAME OF THE INTITUTION _____

**UNDERTAKING/DECLARATION TO BE SUBMITTED BY THE PRINCIPAL INVESTIGATOR/
CO-PRINCIPALINVESTIGATOR OF THE PROJECT AND HEAD OF THE INSTITUTIONS.****Sub :- Undertaking/Declaration for Acceptance of the Project.**

APPROVED PROJECT TITLE

Code of the Project..... Budget

1. Name of the Principal Investigator.....
2. Name of the Co-Principal Investigator (if applicable)

I/We Prof./Dr./Sri..... working as Professor/Associate Professor/
Assistant Professor/Contract Teacher/Guest Teacher in do hereby declare as
under: -

1. That I/We will complete the above titled Project within the prescribed period and as per approved guidelines and recommendations of the Expert Committee.
2. I/We received a sum of Rupees/- (RupeesOnly) on account of Ashtaadashi Project through PFMS/E-Transfer in our Institution account number and IFSC Code..... from the Central Sanskrit University, Delhi.
3. I/We will utilize the grant for the purpose for which it is sanctioned and released.
4. I/We will ensure to follow the Guidelines of Ashtaadashi Scheme.
5. I/We will abide by the rules and provisions made by the University from time to time with regard to the Central Schemes.
6. I/We will ensure to abide by the conditions of the grants in aid by the target dates, specified in the letter of sanction.
7. I/We will ensure not to divert the grants or entrust execution of the scheme concerned to other Heads/Projects/Institution (s) or organization (s).
8. If a part of the grant remains unspent or unutilized or the progress of the project is not satisfactory, I/We agree to refund the unspent balance along with interest @ 10% per annum unless it is agreed to be carried forward.

Signed:
Name:
(Co-Principal Investigator)
(If applicable)

Signed:
Name:
(Principal Investigator)

**Signature of forwarding authority/Head of the Institution alongwith Seal
(Name, Designation and signature of the Authorized Signatory)**