



KALINGA UNIVERSITY

OFFICE OF DEAN RESEARCH

REQUEST FORM FOR SEED MONEY

YEAR :

Instructions: -

- (1) Please read all the general instructions carefully before filling up the Application form.
- (2) Only full time faculty member of Kalinga University can fill up this form.
- (3) The University seed money fund is only for full time faculty members for initiating research.
- (4) The Application form completed in all respect should reach the **Office of Vice Chancellor,**
Kalinga University, Raipur



KALINGA UNIVERSITY

PART A

PARTICULARS OF TEACHER (APPLICANT)

1. Name in full _____
2. Designation _____
3. Name of the Institute/Department of the University _____
4. Address (Office) _____
Address (Residential) _____
5. Mobile No. _____ Land Line No. _____
6. Email. _____
5. Qualifications: (Please attach all the mark sheets & relevant certificates.)

Sr. No.	Name of Degree	Class/Percentage	Month & Year of Passing	Name of the	Principal/Major
				University/ College	Subject

6. Academic activities and advanced study:

(i) Published work (Numbers Only):

- (1) Books:
- (2) Book Chapters:
- (3) No. of PG Thesis Guided:
- (4) No. of PhD Thesis Guided:
- (5) Papers published in Referred Journals:
- (6) Papers published in Conferences:



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PART B:

B.1. Seed Money Requested: Rs..... (in Figures)

Rs.....(in words)

B.2. Seed Money will be used for the following Project:

Project Title:

.....

.....

.....

B.3. Requirement for the project

Consumable	Non- Consumable

I have read and understood the KU Research Policy rules and general instruction and I hereby declare that the information provided in this application form are correct to the best of my knowledge and understating. In case of any information furnished by me is found to be incorrect and/or to be not in compliance to the rules of University, the University has the right to take any action it deems fit, including the derecognition of guideship at any point of time. I promise to abide by the rules and regulation of the University in force from time to time.

Place

Date:

Signature of Teacher (Applicant):



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PART C: UNDERTAKING

The above project has been verified.

Recommended/ Non Recommended

Signature of Head of Department

PART: D –

D.1.

Certified that

- (i) The applicant is a full time teacher in the department/institute from(Date)
- (ii) The applicant does fulfill the minimum eligibility for the seed money funding as per KU rules.
- (iii) The department will ensure that this seed money will be initiating Research, used for consumables, small equipment/items only by the teacher
- (iv) **The department recommends.....(in Figures)**
Rs.....(in words)

Recommended / Non Recommended

Director IQAC

D.2. Approved/ Not Approved

Registrar

Finance Officer

Vice Chancellor