MODEL FORMAT FOR SUBMISSION OF PROPOSALS FOR OPERATION RESEARCH/ MARKET RESEARCH/ ACTION RESEARCH/ SURVEY

I. INSTITUTIONAL PARTICULARS

- i) (a) Name of the Institution/Organization with Head Quarter and Regional Office address (if any)
 - (b) Mailing Address
 - (c) Telephone No.
 - (d) Name of President/Secretary / Contact Person of the organization
- ii) Title of the Project with scope and coverage of area/field.
- iii) Status of the Institution/Organization
 - Professional organization/social service research organization/ autonomous bodies/ registered body of professionals/University/ Deemed University (to be stated specifically)
- iv) Nature and functions of the Institution/Organization. (attach the copy of concerned document)
- v) Manner in which the Institution/Organization was established.
 - (Act of Parliament/Act of State Legislature/Registered under Societies Registration Act, 1860)
- vi) (a) In case established under any Act of Parliament/State Legislature, the name of the Statute, Number of Act and year
 - (b) In case established under the Societies Registration Act, the place, registration number and date of registration.
- vii) If semi-Government Institution/Organization/PSU, the name of the Government Department to which it is attached.
- viii) (a) Whether Institution/Organization has regular source of income.
 - (b) Whether it runs on no profit no loss basis.
- ix) Brief history of the Institution/Organization, its objective and activities/academic pursuits in case of individuals.
- x) (a) Whether the Institution/Organization has any previous experience in the field of welfare of Minorities in the country/or undertaken similar activities;
 - (b) If so, detail thereof.
- xi) Details of infrastructure available with organization.

II. PROJECT OUTLINE

- i) Objective.
- ii) Justification.
- iii) Relevance of the action Programme.
- iv) Approach and Methodology.
- v) Details of Data collection and analysis.
- vi) Project duration.
- vii) Staffing pattern.
- viii) Budget.
- ix) Institutions/organization's own contribution.

III. (1) STAFFING PATTERN

- i) Name of the Project Director
- ii) Position held by the Project Director in the Institution/Organization mentioned in Item 1(i) and elsewhere, at present.
- iii) Major Positions held by Project Director previously.
- iv) Curriculum vitae of the Project Director (to be attached).
- v) Field of specialization of Project Director.
- vi) Projects completed by Project Director previously and organization for which undertaken.
- vii) List of publications in last 3 years period (to be attached).
- viii) Names of other Projects in hand of the Project Director and names of their commissioning agencies.

(2) **OTHER STAFF**

(Number of persons employed, designation, pay, duration of employment to be specified); inter case of senior staff, bio-data may be attached.)

S.No.	Name	of	Designation	Age	Sex	Date of	Monthly
	Staff					employment	Pay/Remuneration
							(in Rs.)

IV. BUDGET ESTIMATES

(a) Details of Budget

S.No.	Items of Expenditure	Units	Rate (in	Total Cost	Remarks
			Rs.)	(in Rs.)	
1.	Remunerations				Breakup to be given as per format given
					below in IV (b)
2.	Travel Cost				
3.	Data				
	Collection/processing/				
	Analysis				
4.	Stationary , printing,				
	postage etc.				
5.	Over Heads/				Permissible up to 3%
	Contingency				of the total project
					cost
	Total Cost				

(b) REMUNERATION OF STAFF

S.No.	Category of Staff	Number	Job/ Task to be performed	Duration	Monthly remunerations (in Rs.)	Total Cost
1.	Project Director					
2.	Research/ Survey					
	Staff					
3.	Filed Staff					
4.	Secretariat Staff					
	Total					

V. LIST OF DOCUMENTS TO BE ATTACHED WITH EACH COPY OF AP

PLICATION FORM			

- 1. Copy of Registration Certificate of Organization.
- 2. Memorandum of Association and Rules/Constitution
- 3. Composition of Board of Governors/Executives or Governing Body
- 4. Audited Accounts of Last three years with Auditor's report.
- 5. Latest Annual Report.
- 6. Copies of the reports published by organization in the period of last three years.

Place:	
Date:	(Name and Signature of the President/Secretary
	of the Institution/Organization) Official Stamp