

**KARNATAKA STATE COUNCIL FOR SCIENCE AND TECHNOLOGY**

*Indian Institute of Science campus, Bengaluru*

**FORMAT FOR STUDENT PROJECT PROPOSAL FOR THE**

**43rd SERIES OF STUDENT PROJECT PROGRAMME**

***(Hand written proposals will not be accepted, please fill all the details in this MS word file as per the following format. Kindly take a photocopy of completely filled project proposal and Demand Draft for filling up the Google Forms.)***

<https://forms.gle/cpc8fph21B8Tm7bk8>

***Stream B***

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|  | **Name of the College :** |
|  | **Project Title** |
|  | **Branch:** |
|  | **Theme (as per KSCST poster) :** |
|  | **Name(s) of project guide(s) :**   1. **Name: Prof. / Dr. / Mr. / Mrs.**   **Email id :**  **Contact No.:**   1. **Name: Prof. / Dr. / Mr. / Mrs.**   **Email id :**  **Contact No.:** |
|  | **Name of Team Members (Strictly not more than four students in a batch):** (Please paste the latest passport size photograph adjacent to your respective names)  **Name:**  **USN No.:**  **Email id:**  **Mobile No:**  **Name:**  **USN No.:**  **Email id:**  **Mobile No.:**  **Name:**  **USN No.:**  **Email id:**  **Mobile No.:**  **Name:**  **USN No.:**  **Email id:**  **Mobile No.:** |
|  | **Team Leader of the Project :**  **Name:**  **USN No.:**  **Email id:**  **Mobile No.:** |
|  | **Processing Fee Details (Demand Draft should be drawn from Canara Bank / State Bank of India only):  (processing fee of Rs. 1000/- drawn in favour of Secretary, KSCST, Bangalore – 12)**  **Demand Draft No.:**  **Date:**  **Bank name:**  **Note :** Please write Team leader name, Project Title and Name of the College on the backside of the DD. |
|  | **Date of commencement of the Project :** |
|  | **Probable date of completion of the project :** |
|  | **Scope / Objectives of the project:** |
|  | **Methodology:**  **Note:** In case of fabrication work in the project, an engineering drawing with dimensions / detailed design should be attached to the proposal. |
|  | **Expected Outcome of the project :** |
|  | **Is the project proposed relevant to the Industry or Institution? :**  **Yes / No :**  **If Yes, Please provide details of the Industry / institution and contact details :**  (**Note:** Preference will be given to those projects relevant to the industry / institution. Hence be specific in giving detailed information). Is the industry extending support - technology / funds / use the final product, please specify. |
|  | **Can the product or process developed in the project be taken up for filing a Patent?**  **Yes / No :**  **Prior Art search done?**  **Yes/No :**  **Note:** If Yes, you may contact Patent Information Centre of KSCST  for more details  Email : patent@kscst.iisc.ernet.in |
|  | **Budget details (break-up details should be given) :**   |  |  | | --- | --- | | **Budget** | **Amount** | | a) Materials / Consumables | 0.00 | | b) Labor | 0.00 | | c) Travel | 0.00 | | d) Report | 0.00 | | e) Miscellaneous | 0.00 | | **Total** | 0.00 | |
|  | **Any other technical details (Please specify) :** |
|  | **SPP Coordinator (Identified by the college) :**  **Note:** To be identified by the principal of the institution. The project proposals must be submitted to KSCST through SPP coordinator designated by the Principal.  **Name: Prof. / Dr. / Mr. / Mrs.**  **Email id :**  **Contact No.:** |

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| **(Name &Signature of Project Guide with Seal)** | **(Name &Signature of HOD with Seal)** |
| **Email id:** | **Email id:** |
| **Contact No.:** | **Contact No.:** |

**DECLARATION**

**(From Project Students)**

We, the project team hereby declare that the details enclosed in the project proposal are true and correct to the best of our knowledge and belief and we undertake to inform KSCST of any changes therein in the project tile, students name will be intimated immediately. In case any of the above information is found to be false or untrue or misleading, we are aware that we may be held liable for it. We hereby authorize sharing of the project information with this project proposal with the Karnataka State Council for Science and Technology, Bangalore.

We are aware that the project team has to exhibit / demonstrate the project in the nodal centre and interact regarding project with the experts and to exhibit the project in the State Level Seminar and Exhibition (if selected). If the student team fails to attend the evaluation in nodal centre or fails to attend the State Level Seminar and Exhibition, the supported project amount will be returned back to KSCST.

We also hereby, enclose the endorsement form to KSCST, Bengaluru.

**Name of the students Signature with date**

**ENDORSEMENT**

**(From College, endorsement to be taken in the institution / Department Letter head)**

This is to certify that 1) Mr. / Ms.……...................., 2) Mr. / Ms. ……………................  
3) Mr. / Ms. …………………............, 4) Mr. / Ms. ……………………................, are bonafide student(s) of Department of ......................................................., in the degree program of our institution. If the project proposal submitted by these students under the 43rd series of Student Project Programme is selected by KSCST, we will provide the requisite laboratory / Computer / infrastructure support in our college / Institution. Further we also take necessary steps to see that the project team will exhibit / demonstrate their project in the nodal centre and in the State Level Seminar and Exhibition (if selected). If the student team fails to send the completed project report or fails to attend the evaluation in nodal centre or fails to attend the State Level Seminar and Exhibition, the supported project amount will be returned back to KSCST.

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| **(Name & Signature of  Project Guide with Seal)** | **(Signature of HOD with Seal)** | **(Signature of the Principal with Seal)** |
| **Email id:** | **Email id:** | **Email id:** |
| **Contact No.:** | **Contact No.:** | **Contact No.:** |