**Fact Sheet of the Applicant Requesting for the 35% Research Allowance**

**as per Management Circular No.02/2014**

1. **Submitting Organization:**
2. **Name, Designation, Official Address, Contact Numbers of the Applicant:**
3. **Staff Category:**
4. **Period of Service and if Confirmed in the Current Post:**
5. **Period for which the research allowance is requested (Please state the year and duration in months clearly)**
6. **Title of the Research :**
7. **Has the research committee/Board approval of the Institute given? If so attach a copy of the approval:**
8. **Date of Commencement and Duration of the Project**
9. **Time Based Activity Chart:(Gantt Chart, please indicate the year clearly and not as year 1,2,3.)**
10. **Research Commitment of individual Team Member (Please state clearly the commitment of Individual Team member)**
11. **Present Status of the Project (Attach evidence of progress):**
12. **Funding Source: (Provide a copy of letter of Award /Agreement with the donor agency specifying purpose of funding, details of financial commitment annually against each activity)**

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| --- | --- | --- | --- | --- |
| **Activity** | **Item of Expenditure** | **Specific Year**  | **Specific Year** | **Specific Year** |
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| **Total Budget** |  |  |  |  |

**13.Budget:**

**14.Research Output: (Provide in point form)**

**15. Research Outcome: (Provide in point form):**

**16. Has the research allowance been approved for you earlier?**

|  |  |
| --- | --- |
| **Title of Research Project/s for which the research allowance was approved** | **Particular Year/s and the duration in months**  |
|  |  |

1. **Declaration of the Applicant:**

**I certify that the information provided by me, is true and accurate to the best of my knowledge and I confirm that I understand if any of the information I have provided is later found to be false or misleading, it renders me ineligible for obtaining the research allowance.**

**…………………………………………….. .……………………………………...................**

**Date Signature of applicant**

 **Official seal**

1. **Declaration of the Head of the Institution:**

**I have read the application of Dr. Mrs. Ms. Mr. and I certify that the above researcher is meeting the eligibility criteria as stated in Circular 2/2014 of the MSD, and the research proposal submitted herewith is in accordance with the institutional mandate, approved by the research committee/board, conducted without utilizing consolidated funds and not impeding the duties of the permanent post.**

**…………………………………………….. .……………………………………...................**

**Date Signature & Official seal of the Head of the Institution**

 **Official seal of the head**