

### **Project Proposal for SSIP Funding**

- 1. Name of Institute:**
- 2. Name of Department:**
- 3. Project Title:**
- 4. Name of Team Leader:**
- 5. Contact Number of Team Leader:**
- 6. E-mail ID of Team Leader:**
- 7. Name of Guide:**
- 8. Contact Number of Guide:**
- 9. E-mail ID of Guide:**

**10. Details of Team Members – (Max. 5):**

| Sr. No. | Name of the Student | Branch | Er. No. | Sem | Contact No. | E-mail ID |
|---------|---------------------|--------|---------|-----|-------------|-----------|
| 1       |                     |        |         |     |             |           |
| 2       |                     |        |         |     |             |           |
| 3       |                     |        |         |     |             |           |
| 4       |                     |        |         |     |             |           |
| 5       |                     |        |         |     |             |           |

**11. Need for the Project (Max. 250 Words):**

**12. Current Status of Idea (Max. 1000 Words):**

**13. Objective of the Project:**

**Methodology of the Project:**

**14. Work Plan (including detailed methodology and time schedule) – (Max. 1000 words):**

| Activity / Time | Phase 1 | Phase 2 | Phase 3 | Phase 4 | Phase 5 |
|-----------------|---------|---------|---------|---------|---------|
|                 |         |         |         |         |         |
|                 |         |         |         |         |         |
|                 |         |         |         |         |         |
|                 |         |         |         |         |         |
|                 |         |         |         |         |         |

|          |  |
|----------|--|
| Phase 1: |  |
| Phase 2: |  |
| Phase 3: |  |
| Phase 4: |  |
| Phase 5: |  |

**15. Output of The Project (Max. 200 words):**

**16. Analysis of Cost**

| Sr. No.      | Item/Component | Quantity | Cost per item (Rs.) | Total cost (Rs.) |
|--------------|----------------|----------|---------------------|------------------|
| 1            |                |          |                     |                  |
| 2            |                |          |                     |                  |
| 3            |                |          |                     |                  |
| 4            |                |          |                     |                  |
| 5            |                |          |                     |                  |
| 6            |                |          |                     |                  |
| 7            |                |          |                     |                  |
| 8            |                |          |                     |                  |
| 9            |                |          |                     |                  |
| 10           |                |          |                     |                  |
| <b>Total</b> |                |          |                     |                  |

➤ Attach supporting documents for cost of item

**Name and Signature of Students:**

| Sr. No. | Name of the Student | Signature |
|---------|---------------------|-----------|
| 1       |                     |           |
| 2       |                     |           |
| 3       |                     |           |
| 4       |                     |           |
| 5       |                     |           |

**Name and Signature of Guiding Faculty:**

**Name and Signature of Head of Department:**