

**St. XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)**

**Request Form for Faculty Seed Grant for Research Projects**

SX/CFRD/RPS -

Date : .....

1. **Name of the Faculty Member:** \_\_\_\_\_
2. **Designation :** \_\_\_\_\_
3. **Department :** \_\_\_\_\_
4. **Title of the Research Project:** \_\_\_\_\_
5. **Abstract of the Project (150-200 words):**  
*(Provide a concise summary of the project, its objectives, and its significance.)*
6. **Research Objectives:**  
*(List the specific aims of the project.)*
7. **Proposed Methodology:**  
*(Briefly describe the methods, tools, or techniques you plan to use.)*
8. **Expected Outcomes:**  
*(Describe the anticipated results or benefits of the research.)*
9. **Duration of the Project:**  
*(Specify the proposed start and end dates.)*
10. **Total Amount Requested: ₹** \_\_\_\_\_
11. **Breakdown of Budget:**  
*(Provide details of how the seed money will be utilized.)*
12. **Have you received any funding for this project from other sources?**
13. **Are you planning to apply for external funding based on this project?**
14. **Interdisciplinary/Collaborative Opportunities:**  
*(Mention if the project involves collaboration with other departments or institutions.)*
15. **Expected Publications/Patents/Prototypes:**  
*(List potential academic outputs from this project.)*

Signature of the Applicant:

**Recommendation by Head of Department:**

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recommendation by Research Dean:**

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

**Approval by Principal:**

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

**Approval by Correspondent:**

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_