

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

## Request Form for 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: \_\_\_\_\_