Khulna University of Engineering & Technology

Office of the Member-Secretary Committee for Advanced Studies & Research (CASR)

<u>Application Form for Research Grant</u> (Please furnish sufficient information for proper evaluation of the Research Proposal)

| 2. | Nature of Research & Fundamental/ Applied/ Empirical | | | | | |
|--|---|-------|------------------------------------|--|--|--|
| 3. | 3. Background and Present State of Art of the Proposed Research Topic 8 | | | | | |
| 4. | 4. Objective with Specific Aims 3 | | | | | |
| 5. | 5. Methodology and Work Plan 8 | | | | | |
| 6. | Expected Result 3 | | | | | |
| 7. | Application (Particularly in the context of Bangladesh) | 3 | | | | |
| 8. | Duration 8 | | | | | |
| 9. | Previous Research Projects Undertaken 8 | | | | | |
| 10 | . Availability of Required Equipments / Facilities 8 | | | | | |
| 11. Personnel Required (With Justification) 3 | | | | | | |
| 12. If the Proposal is Submitted Elsewhere Provide the Information 3 | | | | | | |
| 13. List of Ongoing Research Project(s) 8 | | | | | | |
| 14. Will any degree be offered with this Research? Yes/No | | | | | | |
| 15. Budget Summary 8 | | | | | | |
| a) | Cost of Materials (with Breakup) | Tk | | | | |
| b) | Conveyance (with Breakup, if possible) | | | | | |
| c) | Computer Pendrive, Ribbon, Paper etc. | Tk. | 2000/- | | | |
| d) | Typing, Binding, Drafting etc. | Tk. | 2000/- | | | |
| e) | Miscellaneous (All expenses other than the above | | | | | |
| | four items should be listed here) | Tk. | 2000/- | | | |
| f) | Honorarium of the Project Director | Tk. E | quivalent to one month basic | | | |
| | | Sa | alary (But not more than 50,000/-) | | | |
| g) | Honorarium of the Research Assistant/ | | | | | |
| | Research Associate (if any) | Tk | | | | |
| | (Tk. 5,000/- per month (max. 6 months) for Research Assistant $\&$ | | | | | |
| | Tk. 10,000/- per month (max. 3 months) for Research Associate | 1 771 | | | | |
| | Tota | TK. | | | | |

1. Research Title (Tentative) 3

| | ASR | CASR | | | |
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| Signature of N | Member Secretary | Signature of Chairman | | | |
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| Remarks of CASR | | | | | |
| Project Identification No | | | | | |
| FOR OFFICE USE ONLY Descript Marking No. | | | | | |
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| Seal | 8 | | | | |
| Signature | 8 | Date 3 | | | |
| Head of the Department of € | | | | | |
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| Recommended by (Please certify whether non-consumable items purchased earlier (if any) deposited to the department or not) | | | | | |
| (Please attach brief C.V. of Project Director) | | | | | |
| (DI | 1 · COV CD · | | | | |
| Seal | 8 | | | | |
| Signature | 8 | Date 3 | | | |
| Department | 0 | | | | |
| Designation | 8 | | | | |
| Full Name | 8 | | | | |