



Annexure 1 Form TETFUND/ESS.D/A.IBR/RA/5.10/B

Note: To be duly filled, signed by all officers of the Institution indicated and forwarded to TETFUND along with every beneficiary's Institution-Based Research & Development Submission/Proposal (i.e Request) as part of critical Documentation for Accessing TETFUND Annual R & D Intervention Allocation/Fund.

Note: Completed and Signed version of this Template is "a must return to TETFund" without which the submission/Proposal of the defaulting Institution will not be vetted/processed.

INSTRUCTION FOR COMPLETION OF THIS TEMPLATE

Section A, B, C, to be completed, signed and dated appropriately by Head Researcher (for Group/Team Research)/Researcher (in the case of Individual Research)

Section D: To be completed signed and stamped by the appropriate Officers of the Institution indicated

A. Documentation of particulars of beneficiary institution(s) and the Research Proposal(s)/Submission(s)

- i) Name of Beneficiary Institution:.....
- ii) Year(s) of Intervention being Accessed/Processed:.....
- iii) Date of Submission/Proposal from Beneficiary Institution:.....
- iv) Reference Number of the Submission/Proposal from Beneficiary Institution:.....
- v) Title/Subject of the Research Submission/Proposal:.....
.....
- vi) Total Amount being requested/required by the Institution: N.....
- vii) Amount of Annual TETFUND Research Allocation for the Institution for the intervention under Processing: N.....
- viii) Amount of Outstanding Research Allocation of the Institution (if any):N.....
N.....
- ix) Amount of Last Disbursement (if any): N.....
- x) Date of Last Disbursement (if applicable): N.....

B. Type of Institution Based Research Proposal(s) being submitted and Amounts Requested.

- xi) B1: Research Studies/Project Proposals: (Tick as Appropriate) Yes [] B1 [] No
- xii) B2: Research Capacity Building and Training including Train-the-Trainers
(Tick as appropriate) Yes [] B2 [] No

- xiii) B3: Research Infrastructural Facilities Development and Equipment Procurement (Tick as appropriate) Yes [] B3 [] No
- xiv) B4: Group/Team Research Yes [] B4 [] No
- xv) B5: Individual Research Yes [] B5 [] No

c. Details about the Research including summary of cost and list of Researcher(s)

xvi. Research Topic:

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Xvii Duration of Implementation:..... (In Months)
(State commencement and completion Dates)

xviii) List expected benefits of the Research (Use additional Sheet if need be):.....

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xix) Summary of Research cost implication/breakdown

- a)
- b)
- c)

Total = N.....

xx) Name and particulars of Lead Researcher: (Attach the cost/particulars of all Researchers involved in the Research) with this Form/Template

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..... Signature of Lead Researcher with Date

D Approval/Non Approval (To be completed by the Approving Authorities)

Approved? (Tick in the box as appropriate) Yes [] No []

xxi) Name and particulars of Chairman Institution's Committee on Research (i.e ICR)

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xxii) Signature of Chairman, ICR with Date & Stamp

xxiii) Name and Particulars of Director of Academic Planning

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xxiv) Signature of Director of Academic Planning with date & stamp