

# Uttarakhand Council for Biotechnology (UCB)

(An Autonomous Body of Govt. Of Uttarakhand)

## ENTREPRENEURSHIP DEVELOPMENT PROGRAM PROFORMA FOR SUBMISSION OF PROPOSAL

(First page should mention only:

Title of program, Name of PI/Coordinator and contact details of PI/Coordinator along with name of institution)

### ENCLOSURES TO BE SUBMITTED WITH THE PROPOSAL BY NGOs

1. Registration Certificate One Copy
2. Memorandum of Association One Copy
3. Audited statement of accounts for the last three years One Copy
4. Annual reports for the last three years One Copy

**ENTREPRENEURSHIP DEVELOPMENT PROGRAM  
PROFORMA FOR SUBMISSION OF PROPOSAL**

(Year:                    )

1. Name of the Organisation :

Address :

Phone :

Fax : E-

mail :

2. Validity date of Registration (In case of NGOs):

3. Name & designation of the Head of the Organisation:

4. Name, Designation & Address of the PI/Coordinator (Attach a brief bio-data):

5. Background of the Organisation:

(a) Past experience in micro-enterprise and entrepreneurship development programs (details of work done in other areas need not be given)

(b) Infrastructure facilities and expertise available (give details):

(c) Details for completed and ongoing Projects during last three years

Sl. No.	Title of the Project	Start date – Completion date	Name and full address of Funding Agency	Amount Sanctioned*	Amount Received*
---------	----------------------	------------------------------	---	--------------------	------------------

\* Enclose copies of the sanction orders

6. Target subject/field of biotechnology to be taken up:

7. Impact of the program on proposed field of study/entrepreneurship:

8. Relevance of this program in context to Uttarakhand and Biotechnology component.

9. If any developmental activity has been done in the proposed area prior to submission of this proposal by the Program PI/ Coordinator or the Organization, the details may be given in brief.

10. Details of infrastructure of the organization in the proposed area:

11. Justification for the program based on the assessment of the existing resources and infrastructure

12. Potential sectors identified for promotion of micro-enterprises.

13. Scientific and Technical interventions envisaged

14. Program details:

15. Linkages envisaged
16. Implementation methodology in brief
17. Follow-up Mechanism
18. Expected outcome of the project:
19. Plan after completion of the project for sustainability and continuity
20. Any other information/remarks:

21. (a). Budget in rupees (**for training program**)

- (i) TA/DA : .....
- (ii) Pre-Conference Printing : .....
- (iii) Publication of Proceedings : .....
- (iv) Rental for Venue : .....
- (v) Stationery / Folders : .....
- (vi) Contingency : .....
- (vii) Miscellaneous / Other items: .....  
(please specify)

Total :

21. (b). Budget in rupees (**for Project**)

**A. Non-Recurring (e.g. equipments, accessories, etc.)**

S. No.	Item	Year 1	Year 2	Year 3	Total
--------	------	--------	--------	--------	-------

**Sub-Total (A) =**

**B. Recurring**

**B.1 Manpower**

S. No.	Position No.	Consolidated Emolument	Year 1	Year 2	Year 3	Total
--------	--------------	------------------------	--------	--------	--------	-------

**Sub-Total (B.1) =**

**B.2 Consumables**

S. No.	Item	Quantity	Year 1	Year 2	Year 3	Total
--------	------	----------	--------	--------	--------	-------

**Sub-Total (B.2) =**

<b>Other items</b>	<b>Consolidated Emolument</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
<b>B.3 Travel</b>					
<b>B.4 Contingency</b>					
<b>B.5 Overhead (if applicable)</b>					
<b>Sub-total of B (B.1+B.2+B.3+B.4+B.5)</b>					
<b>Grand Total (A + B)</b>					

**Note : Please give justification for each head and sub-head separately mentioned in the above table.**

Financial Year : April - March

In case of multi-institutional project, the budget estimate to be given separately for each institution.

22. (a) Name and Designation of the Executive Authority of Institution/Organization in whose name Demand Draft/Cheque is to be issued:

.....

(b) Complete Address in whose name the Demand Draft/Cheque is to be dispatched.

.....

.....

23. Name and designation (along with details of contact information with complete address and fax No) of the Authority who will be responsible for submitting the Utilization Certificate and Statement of Total Income from all the sources & Expenditure signed by Accounts Officer/Finance Officer of the Institute/Organization or audited statement :

.....

.....

.....

Name & Signature of the  
Head of the Institution/Organization  
(With Seal)

Name & Signature of the  
PI/Project Coordinator

Date:

Place: