

**JAYARAJ ANNAPACKIAM COLLEGE FOR WOMEN (AUTONOMOUS)**

**PERIYAKULAM**

**FORMAT OF PROPOSAL FOR JAC FUNDED RESEARCH PROJECTS (JACFRP)**

**FOR FACULTY MEMBERS**

**I. DETAILS OF THE APPLICANT**

- 1.1 Name :**
- 1.2 Qualification :**
- 1.3 Designation :**
- 1.4 Department :**
- 1.5 Residential Address :**
- 1.6 Phone number & Email id :**
- 1.7 Teaching experience :**
- 1.8 Research experience :**
- 1.9 Area of specialization :**
- 1.10 List of research publications :**

**II. DETAILS OF THE SUPERVISOR (For faculty members pursuing Ph.D.)**

- 2.1 Name :**
- 2.2 Qualification :**
- 2.3 Designation :**
- 2.4 Department :**
- 2.5 Residential Address :**
- 2.6 Phone number & Email id :**
- 2.7 Teaching experience :**
- 2.8 Research experience :**
- 2.9 Area of specialization :**
- 2.10 List of research publications :**

**III. PROPOSED RESEARCH WORK**

- 3.1 Title of the project :**
- 3.2 Origin of the problem :**
- 3.3 Review of literature :**
- 3.4 Objectives of the project :**
- 3.5 Methodology :**

**3.6 Details of budget :**

<b>S.No.</b>	<b>Item</b>	<b>Estimated expenditure (Rs.)</b>
1.		
2.		
3.		
4.		
5.		
<b>Total</b>		

**3.7 Time frame of the work :**

**3.8 Significance of the study :**

**3.9 Social relevance of the project :**

**3.10 Recommended list of WoS /Scopus indexed journals for publications ( 5 Nos).**

**IV. Declaration**

- a) I shall abide by the guidelines governing the scheme, if financial assistance is provided to me from the College for the above project.
- b) I shall complete the project within the stipulated period.
- c) The above research project is not funded by any other agency.

Date:

Signature of the Supervisor (If applicable)

Signature of the Applicant

Signature of the Head of the Department

Signature of the Principal