



भारत सरकार  
विज्ञान और प्रौद्योगिकी मंत्रालय  
विज्ञान और प्रौद्योगिकी विभाग

GOVERNMENT OF INDIA  
Ministry of Science and Technology  
Department of Science and Technology  
Technology Bhavan, New Mehrauli Road  
New Delhi - 110016



बिहार सरकार



## BIHAR COUNCIL ON SCIENCE AND TECHNOLOGY

### FORMAT FOR STUDENT PROJECT PROPOSAL FOR THE 2nd SERIES OF STUDENT PROJECT PROGRAMME

*(Hand written proposals will not be accepted, please fill all the details in this MS word file as per the following format and mail scan copy of completely filled project proposal along with filled up the Google Forms to [spp.bcst@gmail.com](mailto:spp.bcst@gmail.com))*

[https://docs.google.com/forms/d/e/1FAIpQLSf\\_ymP67nP1N8ly9CkWbL8g2qbPjO\\_JcLJdFwTyirVfUewgrQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSf_ymP67nP1N8ly9CkWbL8g2qbPjO_JcLJdFwTyirVfUewgrQ/viewform?usp=sf_link)

1.	<b>Name of the College:</b>
2.	<b>Project Title :</b>
3.	<b>Branch :</b>
4.	<b>Degree/ Diploma(Engg) :</b>
5.	<b>Name(s) of project guide(s) :</b> 1. Name: Prof. / Dr. / Mr. / Mrs. Email id : Contact No. :  2. Name: Prof. / Dr. / Mr. / Mrs. Email id : Contact No. :
6.	<b>Name of Team Members (Strictly not more than four students in a batch):</b> (Please paste the latest passport size photograph adjacent to your respective names) Name: AKU/SBTE Reg. No.: Email id: Mobile No:

	<p>Name: AKU/SBTE Reg. No.: Email id: MobileNo.:</p> <p>Name: AKU/SBTE Reg. No.: Email id: MobileNo.:</p> <p>Name: AKU/SBTE Reg. No.: Email id: MobileNo.:</p>
7.	<p><b>Team Leader of the Project :</b></p> <p>Name: AKU/SBTE Reg. No.: Email id : Mobile No. :</p>
8.	<p><b>Date of commencement of the Project:</b></p>
9.	<p><b>Probable date of completion of the project:</b></p>
10.	<p><b>Scope /Objectives of the project(100Words):</b></p>
11.	<p><b>Literature Survey (At least two/ Within Five Years) :</b></p> <p><b>Patent Survey (Optional):-</b></p>
12.	<p><b>Methodology (500 Words) :</b></p>

	<p>Note: In case of fabrication work in the project, an engineering drawing with dimensions / detailed design should be attached to the proposal.</p>														
13.	<p><b>Expected Outcome of the project (200Words) :</b></p>														
14.	<p><b>Is the project proposed relevant to the Industry or Institution? :</b>  <b>Yes / No :</b>  <b>If Yes, Please provide details of the Industry / institution and contact details :</b>          (Note: Preference will be given to those projects relevant to the industry / institution. Hence be specific in giving detailed information). Is the industry extending support - technology / funds / use the final product, please specify.</p>														
15.	<p><b>Can the product or process developed in the project be taken up for filing a Patent?</b>  <b>Yes / No :</b>  <b>Prior Art search done?</b>  <b>Yes/No :</b>          Note: If Yes, you may contact Patent Information Centre of BCST for more details Email : pd@bcst.org.in</p>														
16.	<p><b>Budget details (break-up details should be given) :</b></p> <table border="1" data-bbox="424 1482 1268 2011"> <thead> <tr> <th>Budget</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a) Materials / Consumables</td> <td></td> </tr> <tr> <td>b) Labor</td> <td></td> </tr> <tr> <td>c) Travel</td> <td></td> </tr> <tr> <td>d) Report</td> <td></td> </tr> <tr> <td>e) Miscellaneous</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> </tr> </tbody> </table>	Budget	Amount	a) Materials / Consumables		b) Labor		c) Travel		d) Report		e) Miscellaneous		<b>Total</b>	
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d) Report															
e) Miscellaneous															
<b>Total</b>															

17.	<b>Any other technical details (Please specify) :</b>
18.	<b>SPP Coordinator (Identified by the college) :</b> Note: To be identified by the Principal of the institution. The project proposals must be submitted to BCST through SPP coordinator designated by the Principal. <b>Name : Prof. / Dr. / Mr. / Mrs.</b> <b>Email id :</b> <b>Contact No. :</b>

(Name &Signature of Project Guide with Seal)

(Name &Signature of HOD with Seal)

Email id:

Email id:

Contact No.:

Contact No.:

# DECLARATION

(From Project Students)

We, the project team hereby declare that the details enclosed in the project proposal are true and correct to the best of our knowledge and belief and we undertake to inform BCST of any changes therein in the project tile, students name will be intimated immediately. In case any of the above information is found to be false or untrue or misleading, we are aware that we may be held liable for it. We hereby authorize sharing of the project information with this project proposal with the Bihar State Council on Science and Technology, Patna.

We are aware that the project team has to exhibit / demonstrate their project in the nodal centre and interact regarding project with the experts and to exhibit the project in the State Level Seminar and Exhibition (if selected). If the student team fails to attend the evaluation in nodal centre or fails to attend the State Level Seminar and Exhibition, the supported project amount will be returned back to BCST.

We also hereby, enclose the endorsement form to BCST, Patna.

Name of the students

Signature with date

- 1.
- 2.
- 3.
- 4.

# ENDORSEMENT

(From College, endorsement to be taken in the institution / Department Letter head)

This is to certify that 1) Mr. / Ms....., 2) Mr. / Ms. ....  
3) Mr. / Ms. ...., 4) Mr. / Ms....., are bonafide student(s) of Department of ....., in the degree program of our institution. If the project proposal submitted by these students under the **1st** series of Student Project Programme is selected by BCST, we will provide the requisite laboratory / Computer / infrastructure support in our college / Institution. Further we also take necessary steps to see that the project team will exhibit / demonstrate their project in the nodal centre and in the State Level Seminar and Exhibition (if selected). If the student team fails to send the completed project report or fails to attend the evaluation in nodal centre or fails to attend the State Level Seminar and Exhibition, the supported project amount will be returned back to BCST.

(Name & Signature of  
Project Guide with Seal)

(Signature of HOD with Seal)

(Signature of the Principal  
with Seal)

Email id:

Email id:

Email id:

Contact No.:

Contact No.:

Contact No.: