



Dr. Anirudh P. Singh

Dean

Research, Innovation & Consultancy

PTU PUNJAB
TECHNICAL
UNIVERSITY
ਪੰਜਾਬ ਟੈਕਨੀਕਲ ਯੂਨੀਵਰਸਿਟੀ ਜਲੰਧਰ

Ref. No. IKb.PTU/RIC/2900

Dated 15-01-16

To

The Principal/Director/Faculty/Students,
All PTU Affiliated Engineering College,

Subject: Application for Industry Defined Project (January-June 2016).

Dear Sir/Madam,


We are inviting applications for Industry Defined Projects (IDP). Projects will be submitted in the department of RIC, PTU. Last date of submission of projects is February 20, 2016 till 5:00 pm.

Project endorsed by training centers/academies/shops instead of an Industry will not be accepted.

You are requested to circulate it among your faculty and place on notice boards for information. The format of project is attached herewith.

For any query, kindly contact us on mail id coordinatorip.ptu@gmail.com

With regards,


15/01/16
Anirudh P. Singh

**PUNJAB TECHNICAL UNIVERSITY
JALANDHAR-KAPURTHALA HIGHWAY,
KAPURTHALA-144006
Phone: 01822-662558
E-mail: coordinatorip.ptu@gmail.com
Website: www.ptu.ac.in
DEPARTMENT OF RIC**

**INDUSTRY DEFINED PROJECT (IDP) STATEMENT FORM
ENCLOSURES**

Please check for:

- 1. Endorsement by the Principal/Director of the college**
- 2. Endorsement by the industry**
- 3. Duly filled Performa**
- 4. Resume of Principal Investigator (PI)**

Signature of Principal Investigator:

Date:

**DEPARTMENT OF STUDENT AFFAIRS
PUNJAB TECHNICAL UNIVERSITY
Jalandhar-Kapurthala Highway,
Kapurthala-144006**

INDUSTRY DEFINED PROJECT (IDP) FORM

For office use only	
Registration No. :	Date:
Session:	

STUDENTS' PARTICULARS

I

FIRST NAME		
LAST NAME		
MOBILE NO.	1.	2.
EMAIL		
COLLEGE NAME		
ADDRESS		
BRANCH		
SEMESTER		YEAR
ROLL NO.		
SIGNATURE OF STUDENT		

II

FIRST NAME		
LAST NAME		
MOBILE NO.	1.	2.
EMAIL		
COLLEGE NAME		
ADDRESS		
BRANCH		
SEMESTER		YEAR
ROLL NO.		
SIGNATURE OF STUDENT		

III

FIRST NAME		
LAST NAME		
MOBILE NO.	1.	2.
EMAIL		
COLLEGE NAME		
ADDRESS		
BRANCH		
SEMESTER		YEAR
ROLL NO.		
SIGNATURE OF STUDENT		

IV

FIRST NAME		
LAST NAME		
MOBILE NO.	1.	2.
EMAIL		
COLLEGE NAME		
ADDRESS		
BRANCH		
SEMESTER		YEAR
ROLL NO.		
SIGNATURE OF STUDENT		

V

FIRST NAME		
LAST NAME		
MOBILE NO.	1.	2.
EMAIL		
COLLEGE NAME		
ADDRESS		
BRANCH		
SEMESTER		YEAR
ROLL NO.		
SIGNATURE OF STUDENT		

**BIO-DATA OF PRINCIPAL INVESTIGATOR/CO-INVESTIGATOR/
CONSULTANT**

- 1. NAME:**
- 2. DATE OF BIRTH:**
- 3. DESIGNATION:**
- 4. NAME OF THE INSTITUTE:**
- 5. DATE OF JOINING:**
- 6. TOTAL EXPERIENCE:**
- 7. YEAR OF Ph.D AWARDED:**
- 8. YEAR OF POSTGRADUATION PASSED:
(M.TECH/M.Sc/MCA/M.ARCH/MBA/MPHARMA)**
- 9. YEAR OF GRADUATION PASSED
(B.Tech/B.Sc/B.Pharma/BCA/B.Arch)**
- 10. PERMANENT ADDRESS:**
- 11. ADDRESS FOR CORRESEONDENCE:**
- 12. E-MAIL ID:**
- 13. PHONE NO. (OFFICE):**
- 14. MOBILE NO.:**
- 15. HIGHEST DEGREE:**
- 16. MAJOR FIELD:**
- 17. SPECIALIZATION:**
- 18. TEACHING EXPERIENCE:**
- 19. RESEARCH EXPERIENCE:**
- 20. CONSULTANCY WORK, IF ANY:**
- 21. PROJECTS SPONSORED:**

Sr.No.	Name of the Project	Funding Agency	Amount	Outcomes

22. DISSERTATION COMPLETED:

Sr.No.	Name of the Dissertation	B.Tech/ M.Tech/PhD/ Any other

23. NO. OF STUDENTS REGISTERED:

- (i) AS A SUPERVISOR:
- (ii) AS A CO-SUPERVISOR:
- (iii) NUMBER OF VACANT POSITION AVILABLE FOR Ph.D.:

24. PATENTS:

25. PAPERS IN JOURNALS (Published in Peer Reviewed Journal)

26. CONFERENCE ATTENDED:

27. PAPERS IN CONFERENCE:

**Signature of the Principal Investigator
(Co-Investigator)**

INDUSTRY PARTICULARS FOR IDP/ CONSULTANT

INDUSTRY		
NAME OF THE INDUSTRY COORDINATOR		
CONTACT ADDRESS		
MOBILE NO.		
EMAIL		
NAME OF THE INDUSTRY		
TYPE OF INDUSTRY		
REGD No.		
ADDRESS OF THE INDUSTRY		
NAME OF INDUSTRIAL ESTATE	OFFICE	MOBILE
CONTACT NO.		
COMPANY LOGO		
WEBSITE		
E-MAIL (FOR CORRESEPENDENCE)		

INDUSTRY DEFINED PROJECT STATEMENT FORM
TITLE OF PROJECT

1. Project Title:

.....
.....

2. Discipline:

3. Name of the Guide:

4. Institution:

5. Project Summary (maximum 150 words)

(i) Key Words (maximum 6)

6. Technical details

(i) Introduction (under following heads)

(ii) Origin of proposal

(iii) Definition of the problem

(iv) Objective

7. Literature Review

8. Patent details (if any)

9. Importance of the proposed project in the context of the current status

10. Work Plan

(i) Methodology

(ii) Organization of work elements

(iii) Suggested Plan of action for utilization of research outcome expected from the project

11. Budget

ITEM	AMOUNT (Rs)
Non-Recurring	
Recurring	
Travel	
Contingency	
Total	

(Signature of the Student)

1.

2.

3.

4.

5.

Signature of the Principal Investigator -----

Signature of the Head of the Institute -----

(With Office Seal)

ENDORSEMENT BY INDUSTRY COORDINATOR

The proposal titled..... is an

Industry Defined Project of..... (Name of Industry).

Address

.....

.....

.....

The project work would be done under my supervision.

Signature of the Coordinator of Industry

Date:

ENDORSEMENT BY PRINCIPAL OF THE INSTITUTE

This is to certify that Dr/Mr/Mrs, the Principal Investigator in the project entitled..... will assume full responsibility for implementing the project. The institute will provide basic infrastructure and other required facilities to the investigator for undertaking the research project.

Signature of the Principal of the college

(With Office Seal)

Date:

PROJECT COMPLETION REPORT (PCR) FORMAT

Details of Research Projects being implemented/ completed/ submitted by the Investigator(s)/Co-Investigators

Name & Institute:

Project Title:

Project Status:

Completed-duration: Period from..... to.....

Amount Released:

Date of start:

Total cost incurred:

Summary of the project:

Major Results/ Highlights of the project including achievement (publications, patents etc.), for completed projects

(Signature of the Student)

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the Principal Investigator -----

Signature of the Head of the Institute -----
(With Office Seal)