

**Dr. Anirudh P. Singh**

Dean

Research, Innovation & Consultancy



ਆਈ. ਕੇ. ਗੁਜਰਾਲ ਪੰਜਾਬ ਟੈਕਨੀਕਲ ਯੂਨੀਵਰਸਿਟੀ

Estd. Under Punjab Technical University Act, 1996  
(Punjab Act No. 1 of 1997)

Ref. No. IKGPTU/R&D/1980

Dated 13/07/2017

To  
The Principal/Director/Faculty/Students,  
All IKG-PTU Affiliated Engineering Colleges/IKGPTU campuses.

Subject: Applications for Industry Defined Project (July-December 2017).

Dear Sir/Madam,

We are inviting applications for Industry Defined Projects (IDP). Projects will be submitted in the department of Research & Development, IKGPTU. Last date of submission of projects is August 11, 2017 till 5:00pm.

**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](mailto:coordinatorip.ptu@gmail.com).

With regards,

Anirudh P. Singh  
Dean (R&D)

*"Developing Youth for a prosperous Knowledge Society"*

ਆਈ. ਕੇ. ਗੁਜਰਾਲ ਪੰਜਾਬ ਟੈਕਨੀਕਲ ਯੂਨੀਵਰਸਿਟੀ  
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**I.K.G.PUNJAB TECHNICAL UNIVERSITY, JALNDHAR  
JALANDHAR-KAPURTHALA HIGHWAY,  
KAPURTHALA-144603**

**Phone: 01822-662558**

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**Website: [www.ptu.ac.in](http://www.ptu.ac.in)**

**DEPARTMENT OF RESEARCH INNOVATION & CONSULTANCY**

**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 RESEARCH INNOVATION & CONSULTANCY**  
**I.KG. PUNJAB TECHNICAL UNIVERSITY, JALANDHAR**  
**Jalandhar-Kapurthala Highway,**  
**Kapurthala-144603**

**INDUSTRY DEFINED PROJECT (IDP) FORM**

<b>For office use only</b>	
<b>Registration No. :</b>	<b>Date:</b>
<b>Session:</b>	

**STUDENTS' PARTICULARS**

**I**

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

**II**

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

**III**

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

**IV**

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

**V**

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

**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 CORRESPONDENCE:**
- 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	Amount	Outcomes
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		<b>Agency</b>		

**22. DISSERTATION COMPLETED:**

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

**23. NO. OF STUDENTS REGISTERED:**

- (i) AS A SUPERVISOR:
- (ii) AS A CO-SUPERVISOR:
- (iii) NUMBER OF VACANT POSITION AVAILABLE 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		
<b>NAME OF THE INDUSTRY COORDINATOR</b>		
<b>CONTACT ADDRESS</b>		
<b>MOBILE NO.</b>		
<b>EMAIL</b>		
<b>NAME OF THE INDUSTRY</b>		
<b>TYPE OF INDUSTRY</b>		
<b>REGD No.</b>		
<b>ADDRESS OF THE INDUSTRY</b>		
<b>NAME OF INDUSTRIAL ESTATE</b>	<b>OFFICE</b>	<b>MOBILE</b>
<b>CONTACT NO.</b>		
<b>COMPANY LOGO</b>		
<b>WEBSITE</b>		
<b>E-MAIL (FOR CORRESEPENDENCE)</b>		



**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 í í í í í í í í í í í í í , the Principal Investigator in the project entitled í 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)**