**JAMAL MOHAMED COLLEGE (Autonomous)**

**Since 1951**

**College with Potential for Excellence**

**Accredited (3rd Cycle) with ‘A’ Grade by NAAC**

**DBT Star College Scheme and DST–FIST funded**

**(Affiliated to Bharathidasan University)**

**Tiruchirappalli - 620 020.**

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| **Proforma for Seed Money Proposal** |
| **1. Personal Information** | : |  |
| a. Name of the Assistant Professor  | : |  |
| b. Age & Date of Birth | : |  |
| c. Department :  |  |  |
| d. Educational Qualification | : |  |
| e. Work experience (if any)f. Mobile number | :: |  |
| g. Emailh. Aadhar Number | :: |  |
| i. Address for communication | : |  |
| **Present address** |  | **Permanent Address** |
|  |  |  |
| **2. About the Innovation/Ideas/Project** |
| Title | : |  |
| Category | : Idea/Prototype/Product development |
| Innovation generated by : Self/ Experts |
| Details about the Innovations/Ideas/Products (Brief Summary) (500 words) |
|  |
|  |  |
| **Methodology followed (in brief)** |
|  |
|  |
|  |
| **3. Facilities Requirements** |
| Facilities required to improve the Innovation/Ideas/Products |
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|  |
| **4. Outcome** |  |  |
| Societal Development :  |
|   |
| Technological Advancement :Signature of the Staff |
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|  |  |
| --- | --- |
| Signature of Head of the Department with Date | Signature of Head of the Institution with Date |

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