राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर
NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR
(An Institute of National Importance)
Under Ministry of Education, Govt. of India

No./NITRR/DSW/2026/ Raipur, Date – 2026

Application Form for Financial Support under the Research Prototype/ Process Development Initiative

Applicant Checklist

- ☐ Comprehensive Examination completed
- ☐ Approved Research Objectives duly signed by the DGC
- ☐ Budget Estimate enclosed
- ☐ HOD's Recommendation
- ☐ All supporting documents attached

Part-A: Scholar Details

Name of Research Scholar: _____

Enrollment Number: _____

Department: _____ Programme: □ Full-Time □ Part-Time

Semester: _____

Research Area: _____

Date of Comprehensive Examination: _____

Institute Email ID: _____

Mobile Number: _____

Part-B: Supervisor Details

Name of Faculty Supervisor: _____

Designation: _____

Department: _____

Institute Email ID: _____

Mobile Number: _____

Co-Supervisor (if applicable): _____

Part-C: Prototype/Process Details

1. Title of Prototype

_____

2. Problem Statement

_____

3. Objectives of the Prototype/Process (Aligned with the Approved Ph.D. Research Proposal)

_____

4. Novelty / Innovation

_____

5. Expected Outcomes

_____

6. Commercialization Potential (if any)

_____

7. Patent / Intellectual Property Expected: □ Yes □ No

Details (if Yes): _____

8. Current TRL: _____ Expected TRL after completion: _____

Part-D: Budget Requirement

S. No.	Item	Amount (₹)	Justification
1	Equipment (if applicable)		
2	Components		
3	Raw Materials		
4	Software/Licence		
5	Fabrication		
6	Testing & Validation		
7	Miscellaneous		
	Total		

Part-E: Project Timeline

S. No.	Activity	Duration	Expected Milestone
1	Design		

2	Prototype /Process Development		
3	Testing & Validation		
4	Final Prototype		

Part-F: Declaration

I hereby declare that the information furnished in this application is true and correct to the best of my knowledge and belief. I further declare that the proposed prototype forms an integral part of my approved Ph.D. research work and shall be carried out under the supervision of my Faculty Supervisor. I agree to abide by the provisions of the Scheme for Financial Support under the Research Prototype /Process Development Initiative and the applicable rules of the Institute.

Date: _____ Place: _____

Signature of the Research Scholar

Enclosures

1. Annexure-C of the Research Scholar.
2. Approved Research Objectives duly signed by the DGC.
3. Proof of successful completion of the Comprehensive Examination.
4. HOD Certificate regarding non-availability of equipment/software/facilities (where applicable).
5. Budget Estimate/Quotations (where applicable).
6. Any other supporting document(s), if applicable.

Recommendations

Faculty Supervisor: Recommended / Not Recommended
Remarks: _____
Signature: _____

Head of the Department: Recommended / Not Recommended
Remarks: _____
Signature: _____

For Office Use Only

Recommendation Approved / Not Approved

Amount Recommended (₹)

Conditions, if any

Remarks

Dean (Student Welfare) Forwarded / Not Forwarded