

INDEX

Manual for (PACE)

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Step 1: Basic Information

Basic Information

- Proposal Category

- Name Of The Organization

--Select--

Select

Select the organization name from the select box.

If your organization is not listed in the drop down, then please register your company through Registration Page.

- Title of Proposal

Title of Proposal

Write the brief name of proposal which is not exceeding 250 characters.

- Proposal Duration

Select Year

Select Month

Select the duration of the proposal.

- How did you come to know about the call for proposals

--Select--

Select the appropriate option accordingly.

- Relevant Area

--Select--

Select relevant area accordingly.

- Type of Collaboration ☐ Sole ☒ collaborators

Choose one of the radio button accordingly.

In type of collaboration when you choose “collaborators”, a select box will be appeared.

- No. of Collaborators

--Select--

Enter (s) Details

Here you have to choose the number of collaborators and click the “Enter Collaborators Details” button. After click on “Enter(s) Details” button, there is a number of rows of collaborator Details according to your selection. You have to fill the details here.

Collaborator Details		
Sr No.	Collaborator Name	Collaborator Type
1		
2		

Fill all the details accordingly.

☐ Accept the Terms and Conditions [Click here to read Terms & Conditions.](#)

Check the Term and conditions.

Save your form.

Reset all your fields.

Step 2: Particular of the Applicant Institution

- Particulars of the Applicant Institution

Institution Details

Name of the Institution Alfa University

Address1: RZ-3B/215, Address2: J Block

Contact Details

Street/Village West Sagarpur City/Town New Delhi

State Delhi Country India

Pin/Zip code 110003 Landline +91-11-24389600

Fax +91-11-24389611 Website www.rishichandil.in

Above details are automatically comes while you are in applicant details page. These are the details which you filled at the time of registration.

Brief Background of the Institution

*Year of Establishment Of

*Recognition or Accreditation Status

*Please upload registration/recognition certificate from a statutory body

*R&D Activities (Area)

*Source of Core Funding

*Has The Company Received/Applied For Funding From Government/Any Other Agency For The Same Or Related Project?

○ ○ Yes No

If yes, then give details of funding received/ requested by the Institute for the submitted proposal or technically related proposal from other funding agencies (indicating the Project Title, Amount Received/Approved, Funding Agency and Current Status of the Project.)

If you choose “yes”, a “Number of Times” select box will appeared. You have to choose the number and click on “Enter Details” button.

Number of Times

--Select--

Enter Details

After clicking on “Enter Details” button a “Funding Details” box will be appeared according to your selection in “Number of Times” select box.

Funding Details

Project Title	Funding Agency	Total Project Cost (Rs. In Lakhs)	Present Project Status	Date of Start	Date/Due Date of Completion	Amount Received As Grant-In-Aid (Rs. In Lakhs)	Amount Received As Loan (Rs. In Lakhs)	Total Approved Cost (Rs. In Lakhs)
			Select					

Have you been associated with any other BIRAC funding scheme? If Yes, List all the projects previously submitted by the Institute with BIRAC as per the attached format

Scheme	Reference No.	Status	Proposal Status(Ongoing/Completed/Rejected/Withdrawn / Foreclosed/Terminated)
Select			

Add

Delete

Fill all the details accordingly.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Save your form.

Reset

Reset all your fields.

Cancel

Cancel your form and it return you to main page

Step 3: Principal Key Investigator Details

Principal Key Investigator Details			
*Title	--Select--		
*First Name		*Last Name	
*Designation		*DOB	DD-MM-YYYY
*Gender	☐ Male ☐ Female	*Highest Qua.	
*Email			
*Address1		Address2	
*Street/Village		*City/Town	
Pin/Zip Code			
*State	--Select--	Country	--Select--
Landline			
Mobile			
*Please Upload Resume in Prescribed Format	Browse		

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

Please Upload Industry's Authorisation Letter to for Submission of Proposal in Prescribed Format

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

* Fill all the mandatory details for Primary key investigator details.

If you don't want to save this form now. You save it next time with modification.

Save your form.

Cancel your form.

Step 4: Applicant Team Members

Applicant Team Members

S. No	Name	Designation	Email	Landline	M	Add New	Re	Close
1	RishiChandil	Junior Assistant	ris@gmail.com	011-24389600	9999999999		View File	Edit

The table data automatically added when you fill the form, which is appeared when you clicked on "Add New" button.

Key Investigator Details

Title

First Name

--Select--

Last Name

Gender

☒ Male ☐ Female

Designation

Landline

Mobile

Email

Please Upload

Resume in **Prescribed** Format ([Click for the prescribed format](#))

Fill all the mandatory fields accordingly.

If you don't want to save this form now. You save it next time with modification.

Step 5: Shareholding Pattern of the Applicant Organization and Collaborators

Shareholding Pattern of the Applicant Organization and Collaborators

S. No.	Category of shareholder	Number of shareholders	Total number of shares	Total shareholding as a % of total number of shares	Nature of Shares Equity Preference
Shareholding of promoter & Promoter Group					
1. Indian					
1.a	Indian Citizen				
1.b	Indian Organization				
1.c	NRI holding Indian Passport (Does not include OCI/PCI)				
2. Foreign					
2.a	Foreign NRI				
2.b	Foreign Individual				
2.c	Foreign Company				
Total		0	0	0.00	

Public Shareholding					
1. Indian					
1.a	Indian Citizen				
1.b	Indian Organization				
1.c	NRI holding Indian Passport (Does not include OCI/PIO)				
2. Foreign					
2.a	Foreign-NRI(OCI/PIO)				
2.b	Foreign Individual				
2.c	Foreign Organization				
Total		0	0	0	0.00
Grand Total		0	0	0	0.00

Fill all the mandatory fields' details accordingly.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Cancel

Reset

ds

Step 6: PARTICULARS OF THE COLLABORATOR(S)

The number of collaborators you enter in basic information form will be appeared in following form:

S.No.	Collaborator Name	Collaborator Type	Status
1	Collaborator Name 1	Institution	Pending
2	Collaborator Name 2	Company	Pending

Click on "Collaborator Name" then a form will be open Fill the details of the Partner Details and Key investigator Details accordingly.

Step 7: Collaborator(s) Team Members

Collaborator Team Members

S. No	Collaborator	Name	Designation	Email	Landline	Mobile	Resume	Edit
1	Collab1	XYZ	ABC	xy@gmail.com	0122-541269	997536526	View File	Edit

The table data automatically added when you fill the form, which is appeared when you clicked on "Add New" button.

Key Investigator Details

Collaborator

Title

First Name

--Select--

--Select--

Last Name

☒ Male ☐ Female

Gender

Designation

Landline

Mobile

Email

Please Upload

Browse

Resume in **Prescribed Format** ([Click for the prescribed format](#))

Fill all the mandatory fields accordingly.

Save as Draft

Save

Close

If you don't want to save this form now. You save it next time with modification.

Step 8: MOU

Note: Please upload a copy of signed MoU between the Applicant Company and Collaborator(s). However, this upload is non – mandatory.

Note: If MoU is not yet finalized, please click on save button and the status of current page would automatically change to done.

Please Upload a Signed Copy of MoU With The Collaborator(s).

Collaborator(s)	Upload(MOU)	View File
Collaborator name 1	Browse	No File
Collaborator name 2	Browse	No File

Choose the MOU Files accordingly.

Save as Draft

Save

Reset

If you don't want to save this form now. You save it next time with modification.

Close

Close the form.

Step 9: Proposal Summary

Proposal Summary

*** 1. TRL Status**

Current TRL

Expected TRL

● New Facility Strengthening

of existing facility

TRL Details

If you choose "New Facility" the following form will be appeared–

*** 2.1 Aim/Objective of the proposal**

2.2 Novelty of the proposal

*** Not more than 180-200 words**

Essence of The Study Highlighting The Following

*** 3.1 Significance and Impact/Value of the Proposal**

*** 3.2 Rationale**

*** 3.3 Inventive Step/Innovation**

*** 3.4 Scope of Industrial Application**

*** 3.5 National Importance / Social Relevance**

*** 3.6 Commercialization Potential**

*** 3.7 Potential Competitors**

*** 3.8 Risk Factors**

* 3.9 Has the Preliminary work done so far. If yes ☒ Yes ☐ No
Please upload the preliminary data available

If you click on "Yes" the following field are appeared

Upload the preliminary (If available)

Browse

View file

(Only pdf Allowed)

* 3.10. National and International status
Of proposed technology or product.

* 3.11. Business Strategy

4. Is this Proposal Based on IP Owned by
The Applicant/Collaborator/Licensed
From Abroad?

☒ Yes

☐ No

☐

If you click on "Yes" the following field are appeared

* Provide Details of IP ☒ Applicant ☐ Collaborator ☐ Licensed Ownership By
Jointly by Company & Collaborator

* Upload Patent/Patent Applied for
License Agreement

Browse

View file

(Only pdf Allowed)

Anticipated Outcome / Deliverables

5.1

5.2

5.3

5.4

5.5

Relevant references

6.1

6.2

6.3

6.4

6.5

7. Have you ever submitted this related proposal before under any of the BIRAC Schemes?

☐ No

☒ Yes

If you click on "Yes" the following field are appeared

Select	Proposal reference No.	Proposal Title	Proposal Status	BIRAC Scheme
☐				

Fill all the mandatory fields accordingly.

If you don't want to save this form now. You save it next time with modification.

Reset all fields

Step 10 : IP DETAILS

IP DETAILS

** Note: Please select and remove unused rows.*
** Note: All fields are mandatory and should not exceed 200 words*

1. IP Status

1.1 Details of Background IP generated so far and possibility of generating new IP through this project

1.2 Countries/jurisdiction where the applicant intends to practice/market the proposed technology

--

1.3 List Of Patents That Appear To Cover Any Part Of The Technology Of Interest Or Similar (And Possibly Overlapping) Technologies And Thereby Restrict The Freedom-To-Operate In The Envisaged Area.

Add

Remove

1.4 How Would The Present Proposal Be Able To Counter The Above Restrictions?

--

1.5 List The Various Patented Technologies / Processes / Products That Would Be Made Use Of For Manufacturing / Commercialization Of The Proposed Product / Process Along With The Status Of The Patents. Whether Permission / License For Use If Such A Patent Owned / Being Sought For By The Company?

--

2. In Case The Technology Is Licenced From Abroad, Status Of Independent Validation In The Country Is To Be Provided Clearly

--

3.1. Regulatory Approvals and Protocols

Add

Remove

3.2.B. Protocols: Protocol in the prescribed format required by the concerned agency for giving approvals

Save as Draft

Save

Reset

Close

If you don't want to save this form now. You save it next time with modification.

Step 11: Regulatory Details

Regulatory Details

DCGI Approval

Yes No



If you click on "Yes" the following f

Browse

Upload

Browse DCGI Approval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)



RCGM & GEAC Approval

Yes No

If you click on "Yes" the following field are appeared.

Upload

Browse

Browse RCGM Approval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)



National Biodiversity Approval

Yes No

If you click on "Yes" the following field are appeared.

Upload

Browse

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

Pollution Control Board Approval ☒ Yes ☐ No

If you click on "Yes" the following field are appeared.

Upload

Browse

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

Any other Approval ☒ Yes ☐ No

If you click on "Yes" the following field are appeared.

Upload

Browse

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

Save

Reset

Cancel

ds.

Cancel the form.

Step 12: Proposal Objective and Timelines

PROPOSAL OBJECTIVES & WORKPLAN

* Please indicate overlap of any objective funded by any other funding agency/ (ies). Kindly provide disclosure amendments.

* Indicate how each objective is exempted for Service Tax, in case exemption is desired.

Objective	Methodology/Experimental Design Detailed Work Plan	Alternate Strategies	Process Indicator for Measuring Success

Fill all the necessary fields.

Save

Reset

Cancel

Step 13: Objective Wise Activities & Timelines

Objective Wise Activities & Timelines

Note: Please Select and Remove Unused Rows

This form appeared you if you filled the previous form "SPECIFIC PROJECT PLAN AND DELIVERABLES".

Select	Activities	Month of Start of Activity	Month of End of Activity	Indicators Of Progress	Role of Academia(Please enter details)	Role of Partner
☒		0				
☐						
☐						
☐						
☐						

Add More

Remove

Please enter 1st Milestone under 2nd Objective :

S. No	Milestone	Month of Start of Activity	Month of End of Activity
1.		0	

Objective: Test objective 2

Select	Activities	Month of	Month of	Indicators	Role of	Role of
--------	------------	----------	----------	------------	---------	---------

		Start of Activity	End of Activity	Of Progress	Academia(Please enter details)	Partner
☐		0				
☐						
☐						
☐						
☐						

Please enter 2nd Milestone under 2nd Objective :

S. No	Milestone	Month of Start of Activity	Month of End of Activity
2.			

Fill all the necessary fields.

\$

ds.

Step 14**GANTT/PERT Chart**

Quarterly Timelines/Minimum Work Programme/Milestones for Quantifiable Outputs

Upload Chart :

Save

Cancel

Step 15: Proposal Milestones

Browse

Proposal Milestones

Note: - Please Select At least 3 Activities as Monitor able

Milestones for Release of Instalments.

S. No	Milestones	Month of End of Activity	Description
*1.		--NA--	--NA--
* 2.		--NA--	
*3.		--NA--	
*4.		--NA--	
*5.		--NA--	

Fill all the mandatory details.

Before "Save" the form you have to click "Select/Update Milestone" button.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Save your form.

Reset

Reset all the fields.

Cancel

our form.

Step 16: Budget Justification (Available)**Available Equipment Details****Details of Equipment Available for this Project with Applicant**

Note: Please select and remove unused rows.

Select	Name of Equipment	Units
☐		
☐		
☐		
☐		
☐		

Fill all the mandatory details.

[Add More](#)
[Remove](#)
Details of Equipment Available for this Project with Collaborators(s)**Collaborator Name****Institutions**

Select	Name of Equipment	Units
☐		
☐		
☐		
☐		
☐		

Fill all the mandatory details.

[Add More](#)
[Remove](#)

Save as Draft

Save

Reset

Cancel

If you don't want to save this form now. You save it next time with modification.

ds.

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Step 13: Proposed

Proposed Equipment's & Accessories Details

Details of Equipment Proposed To Be Acquired Through BIRAC

Note: Please select and remove unused rows.

Select	Infrastructure/Equipment	Capacity	Quantity	Specific Requirement in the Project	Total Estimated Value (Rs. In Lakh)
☐					
☐					
☐					
☐					
☐					
Total *					

Add More

Remove

Accessories to Be Acquired (Rs in Lakh)

Step 14: Details of Manpower (Available)

Manpower Details Available

Manpower (Scientific and Technical) Already with Applicant Who Will Work In this Project

Note: Please select and remove unused rows.

[illegible]

Add More

Remove

Manpower (Scientific and Technical) Already Available With Collaborators(s) Who Will Work In This Project

Collaborator Name (Institutions)

Select	Name	Qualification	Age (In Years)	Full Time/Part Time (Specify hours Per Day)	Experience (In Year)	Role In The Project	Position
☒							
☐							
☐							

☐							
☐							

Add More

Remove

Fill all the mandatory fields.

Save as Draft

Save

Reset

Cancel

If you don't want to save this form now. You save it next time with modification.

ds.

Manpower (scientific and technical) to be hired for the project through BIRAC Contribution for Collaborators

Select	Position	No. of Position	Collaborator s Where Manpower Is To Be Positioned	Minimum Qualification	Experience (In Year)	Age Limit, if any (In Years)	Duration For Which To be hired (in Years)	Role in the Project	Proposed Annual Salary (Rs. In Lakh)	Total Cost
☐			Select							
☐			Select							
☐			Select							
☐			Select							
☐			Select							

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Reset

ds.

Cancel

Step 16: Details of Manpower (Consumable Details)

Consumable Details

Through Applicant / BIRAC Contribution for Applicant

Note: Please select and remove unused rows.

Select	Items	Quantity	Units (e.g. g/ml etc.)	Approximate Cost (Rs. In Lakhs)	Justification for the Requirement
☐					
☐					
☐					
☐					
☐					

Add More

Remove

Total Amount Required For Consumable

0.00

Through BIRAC Contribution For Collaborators(s)

Select	Items	Quantity	Units (e.g. g/ml etc.)	Approximate Cost (Rs. In Lakhs)	Justification for the Requirement	Collaborators
☐						Select
☐						Select
☐						Select
☐						Select
☐						Select

Fill all the mandatory fields.

Add More

Remove

Total Amount Required For Consumable

0.00

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Reset

ds.

Cancel

.

Step 17: Details of Manpower (Justification for Other Recurring Heads)

Justification for Other Recurring Heads

Through Applicant / BIRAC Contribution for Applicant

Travel Cost (Rs. In Lakh)	Travel Justification	Contingency Cost (Rs. In Lakhs)	Contingency Justification	Overhead Cost	Overhead Justification

Through BIRAC Contribution for Collaborators(s)

Collaborators(s)	Travel Cost (Rs. In Lakh)	Travel Justification	Contingency Cost (Rs. In Lakhs)	Contingency Justification	Overhead Cost	Overhead Justification
Name of the Collaborators						

Fill all the mandatory fields.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Reset

ds.

Cancel

.

Step 18: Details of Manpower (Details on Work to be outsourced)

Details on Work to be outsourced

Note: Please select and remove unused rows.

Select	Work Proposed To Be Outsourced	Name of the Institute/Organization to Whom it is Proposed to be Outsourced	Whether The Applicant has Already Signed any Contract With this Institution/Organization	Estimated Cost Involved In (Rs. In Lakhs)
☐				

Total

0.00

Add More

Remove

% of Contribution By The Applicant of the above Total Cost:

%

Contribution By the Applicant:

0.00

Support Requested from BIRAC:

0.00

Fill all the mandatory fields.

Save as Draft

Save

Reset

Cancel

If you don't want to save this form now. You save it next time with modification.

ds.

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Step 19: Details of Manpower (Other Financial Details)

Other Financial Details

1. Details of the Other Sources of Funding Received/Requested/Committed For the Proposed Study. Please Include Government, Private, International Any Other Source

--

2. Funding Received So Far/Approved By Any Of The Government Agencies To The Applicant To Carry Out Any Other Activity During The Last Five Years(Give Details Like Project Title, Amount Received/Approved, Funding Agency And Status Of The Project)

Save as Draft

Save

Reset

Cancel

If you don't want to save this form now. You save it next time with modification.

ds.

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Step 20: BUDGET DETAILS OF THE APPLICANT INSTITUTE**Non Recurring Cost (Rs in Lakhs)****Name of Applicant: ABC****Collaborator Type -Institutions**

Equipment (A)	Accessories (B)	Total (A+B)	Total Support requested from BIRAC (Rs in. Lakhs))
0.00	0.00	0.00	0.00
Grant-In-Aid			

B. Recurring Cost (RS in Lakhs)

Manpower (A)	Consumables (B)	Travel	Contingency	Total (A+B+C+D)	Total Support requested from BIRAC (Rs in. Lakhs))
0.00	0.00	0.00	0.00	0.00	0.00
Grant-In-Aid				0.00	0.00

You just need to review the calculation and save the form.

Save

Cancel

Step 21: BUDGET DETAILS OF THE COLLABORATOR**Non Recurring Cost (Rs in Lakhs)****Name of Applicant: ABC****Collaborator Type -Institutions**

Equipment (A)	Accessories (B)	Total (A+B)	Total Support requested from BIRAC (Rs in. Lakhs))
0.00	0.00	0.00	0.00

B. Recurring Cost (RS in Lakhs)

Manpower (A)	Consumables (B)	Travel (C)	Contingency (D)	Overhead Cost(E)	Total (A+B+C+D+E)	Total Support requested from BIRAC (Rs in. Lakhs))
0.00	0.00	0.00	0.00	0.00	0.00	0.00

You just need to review the calculation and save the form.

Save

Cancel

Step 22: Details of Manpower (Budget Summary)

Budget Summary
Name of Company Test Company
Contribution by Applicant and Collaborators

Applicant

Sub Total (A):

0.00

Support Requested From BIRAC :		Grant in Aid	Loan
Applicant	0.00	0.00	0.00
Collaborators Name	0.00	0.00	-N.A-
Sub Total (B):	0.00	0.00	-N.A-
Total Project Cost (A+B)			0.00

You just need to review the calculation and verify the form.

Verify

Cancel

Step 23: DECLARATION DOCUMENT

DECLARATION

* Please Upload the Declaration Document :

Browse

Please upload only pdf files

Save

Cancel

Step 24:Final Submission

Final Submit

- * Review all your forms whom status is “DONE” after review click on “Final Submit” Button.
- * Make sure all the forms has status “DONE”, before you click on “Final Submit” Button.