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### **Manual for (PACE)**

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Step 1: Basic Information

#### **Basic Information**

•	Proposal Category	′						
•	Name Of The Orga	anization		Select				
				30,000				
Sel	lect the organizatio	n name froi	m the select bo	ox.				
	our organization is ough Registration I		n the drop dow	n, then please r	egister you	r company		
•	Title of Proposal		Title o	f Proposal				
	Write the brief na	me of propo	osal which is no	ot exceeding 250	Characters	5.		
•	Proposal Duration	Se	lect Year	Select Month				
	Select the duratio	n of the pro	posal.					
•	How did you come t	to know abou	ut the call for pr	oposals Select				
	Select the approp	riate option	accordingly.					
•	Relevant Area			Select				
	Select relevant are	ea according	gly.					
•	Type of Collaboration Choose one of the In type of collaboration	radio butto	• .	_		ollaborators		
•	No. of Collaborators	sS	elect	Enter	r (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.							
			Collabora	ator Details				
	Sr No.	Collaborat	or Name		Collaborato	or Type		
	1							

Fill all the details accordingly.

I □ ccept the Terms and Conditions Click here to read Terms & Conditions.

Check the Term and conditions.

2

Save and Continue	Save your form.
Reset	Reset all your fields.

#### **Step 2: Particular of the Applicant Institution**

• Particulars of the Applicant Institution

	Institution Details							
Name of the	Institution Al	Alfa University						
Address1:	RZ-3B/215,	Address2:	J Block					
Contact Details								
Street/Village	e West Sagarpur	City/Town	New Delhi					
State	Delhi	Country	India					
Pin/Zip code	110003	Landline	+91-11-24389600					
Fax	+91-11-24389611	Website www	w.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						
	Browse						
*R&D Activities (Area)							
*Source of Core Funding							
* =							

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

0	0	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/D ue Date of Comple tion	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 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

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	O O Male Female	*Highest Qua.					
*Email		•					
*Address1		Address2					
*Street/Village		*City/Town					
Pin/Zip Code		]					
*State	Select	Country	Select				
Landline							
Mobile							
*Please Upload I	Resume in Prescribed For	mat Browse					
Note: Please dow	vnload to fill the details ar	nd signed copy to be upload	led in PDF format.				
Please Upload In	dustry's Authorisation Le	etter to for Submission of P	roposal in Prescribed				
Format		Browse					
Note: Please dow	vnload to fill the details ar	nd signed copy to be upload	led in PDF format.				
* Fill all the mandatory details for Primary key investigator details.							
Save as Draft	If you don't want to modification.	save this form now. You sa	ve it next time with				
Save	Save your form.						
Cancel	Cancel your form.						

**Step 4: Applicant Team Members** 

#### **Applicant Team Members**

S.	Name	Designation	Email	Landline	٨	Add New	Re Close		se
No									
1	RishiCha ndil	Junior Assistant	ris@gmail .com	011-24389600	99	99999999	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	Browse

Resume in Prescribed Format (Click for the prescribed format)

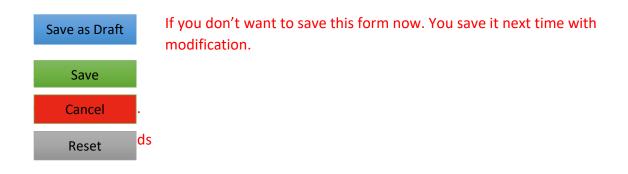
Fill all the mandatory fields accordingly.



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	Numl share	holders shares s a		a %	reholding as of total nber of	Nature of Shares Equity Preference	
	olding of promo	ter & I	Promoter (	irou	р			
	Indian			1		1		
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 Organizatio	n						
1.c	NRI holding Indiar Passport (Does no include OCI/PIO)							
2.	Foreign							
2.a	Foreign-NRI(OCI/F	PIO)						
2.b	Foreign Individual							
2.c	Foreign Organizat	ion						
Total			0		0		0	0.00
Grand 1	Гotal		0		0		0	0.00



**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

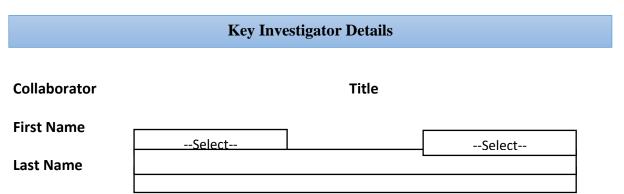
Click on "Collaborator Name" then a form will be open Fill the details of the Partner Details and Key investigator Details accordingly.

**Step 7: Collaborator(s) Team Members** 

Collaborator Team Members

S. Collabo Name Designat Email Land				Add N	ew le	Close	Edit		
No	rator	Name	ion	Lillali	Lane		- WOSTIC	Resume	Luit
1	Collab1	XYZ	ABC	xy@gmail.c om	0122	2-541269	99753652 6	View File	Edit

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



Gender	Male Female
Designation	
Landline	
Mobile	
Email	
Please Upload	Browse

**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 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.



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

	Prop	oosal Summary	
* 1. TRL Status	Current TRL  • New Facility Stren	Expected TRL Of of existing facility	TRL Details
If you choose "Nev	w Facility" the followir	ng form will be appeared–	
* 2.1 Aim/Object	ive of the proposal		
2.2 Novelty of the * Not more than 1	· ·		
	Essence of The Stu	dy Highlighting The Following	
* 3.1 Significance ar Proposal	nd Impact/Value of the		
* 3.2 Rationale			
* 3.3 Inventive Ste	ep/Innovation		
* 3.4 Scope of Ind	ustrial Application		
* 3.5 National Imp Relevance	oortance / Social		
* 3.6 Commerciali	zation Potential		
* 3.7 Potential Co	mpetitors		
* 3.8 Risk Factors			

* 3.9 Has the Preliminary work done so for Please upload the preliminary data avail	=	s No	0
l e e e e e e e e e e e e e e e e e e e	f you click on "Yes" t	he following	field are appeared
Upload the preliminary (If available)	Browse View file	e	(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?	y Y <b>e</b> s f you click on "Yes" tl	No he following	O field are appeared
•	0	0	
* Provide Details of IP Applicant C  Jointly by Company & Col	Collaborator Licensed laborator	l Ownership	Ву
* Upload Patent/Patent Applied for License Agreement	Browse	v file	(Only pdf Allowed)
Anticipated O	utcome / Delivera	ahlas	
5.1	dicome / Denver	abies	
5.2			
5.3			

5.5				
		Relevant refere	nces	
6.1				
6.2				
6.3				
6.4				
6.5				
	e you ever submitted under any of the Bl		No Yes  n "Yes" the following field ar	re appeared Remove
Select	Proposal reference No.	Proposal Title	Proposal Status	BIRAC Scheme
Save	modific	don't want to save this for	m now. You save it next time	e with
	ave			

Reset all fields

Reset

#### **Step 10: IP DETAILS**

#### **IP DETAILS**

\* Note: Please select and remove unused rows.

Add

Remove

TVOIE.	* Note: All fields are mandatory and should not exceed 200 words				
	1. IP S	Status			
1.1 Details of Background IP generated so far and possibility of generating new IP through this proje	ct				
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.	Select	Patent Numbe	Add Remove er Patent Title		
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	Select	Regulatory Approvals	Status Approvals obtained/ Approvals in process/ Applications yet to be submitted to the concerned authorities		

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





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

**Step 11: Regulatory Details** 

	Regulato	ry Details			
<b>DCGI Approval</b> 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)					
•		0			
RCGM & GEAC Approval Yes  If you click on "Yes" the following	No field are app	peared.			
Upload	Browse				
Browse RCGMApproval related file	e. Make sure	e it is in PDF format.			
Details (if not applicable, fill NA)					
National Biodiversity ApprovalYes No					
If you click on "Yes" the following	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	• O 'es No
If you click on "Yes" the following f	ield are appeared.
Upload	Browse
Browse related file. Make sure it is	in PDF format.
Details (if not applicable, fill NA)	
Any other ApprovalYes No	• 0
If you click on "Yes" the following f	ield are appeared.
Upload	Browse
Browse related file. Make sure it is	in PDF format.
Details (if not applicable, fill NA)	
Save	
Reset ds.	
Cancel	

#### **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.



#### **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 Ob	Month of jective: Te	Indicators Strobjectiv	Role of <b>/Aca</b> demia(Please	Role of Partner	
		Activity	Activity	Progress	enter details)		
		0					
Add More Remove							
Please enter 1 <sup>st</sup> Milestone under 2 <sup>nd</sup> Objective :							
S. No	Milest	tone	Month of Start of Activity		Month of End	of Activity	
1.			(	-			

#### **Objective: Test objective 2**

Select Activities Month of Mo	th of Indicators	Role of	Role of
-------------------------------	------------------	---------	---------

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

Please enter 2 <sup>nd</sup> Milestone under 2 <sup>nd</sup> Objective :					
S. No	Milestone	Month of Start of Activity	Month of End of Activity		
2.					

Fill all the necessary fields.



Step 14	GANTT/PERT Chart				
Quarterly Time	es/Minimum Work Programme/Milestones for Quantifiable Outputs				
Upload Chart :					
	Save Cancel				
Step 15: Proposal Milestones					
	Browse				
Proposal Milestones					

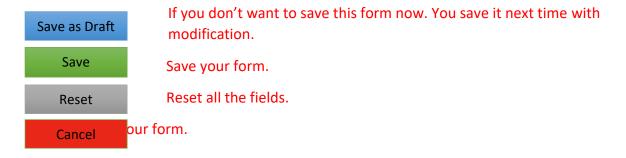
Note: - Please Select At least 3 Activities as Monitor able

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.

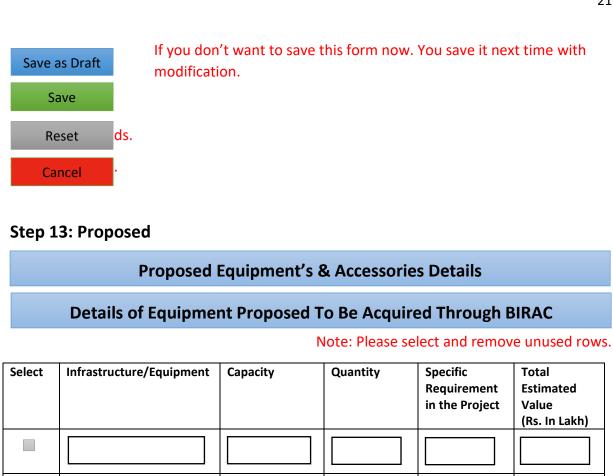


#### **Step 16: Budget Justification (Available)**

#### **Available Equipment Details**

	Details of Equipment Available for th	is Project with Applicant
Note: Plea	se select and remove unused rows.	
Select	Name of Equipment	Units
Fill all the	mandatory details.	Add More Remove
Det	ails of Equipment Available for this P	roject with Collaborators(s)
	ails of Equipment Available for this P orator Name	Project with Collaborators(s) Institutions
Collab	orator Name	Institutions
Collab	orator Name	Institutions
Collab	orator Name	Institutions
Collab  Select	orator Name	Institutions
Select	orator Name	Institutions

Add More



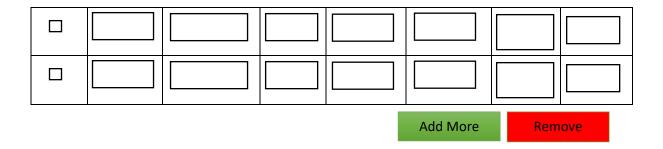
Select	intrastructure/ Equipment	Сарасну	Quantity	Requirement in the Project	Estimated Value (Rs. In Lakh)	
Total *						
				Add More	Remove	
Accessories to Be Acquired (Rs in Lakh)						

#### **Step 14: Details of Manpower (Available)**

#### **Manpower Details Available**

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

· ·	•		•				
Note: P	lease select	and remove ur	nused row	s.			
Select	Name	Qualification	Age (In Years)	Full Time/Part Time (Specify hours Per Day)	Experience (In Year)	Role In The Project	Position
					Add Mo	re	Remove
Manp	oower (Scientif	ic and Technical) A	lready Availa	ble With Collab	borators(s) Who	Will Work In	This Project
		Colla	aborator N	lame (Institu	utions)		
Select	Name	Qualification	Age (In Years)	Full Time/Part Time (Specify hours Per Day)	Experience (In Year)	Role In The Project	Position
_							<del>  </del>



Fill all the mandatory fields.



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

#### **Step 15: Details of Manpower (To be hired)**

#### **Manpower Details to be hired**

Manpower (scientific and technical) to be hired for the project through BIRAC contribution for Applicant

Note: Please select and remove unused rows.

Select	Position	No. of	Minimum	Experience	Age	Duratio	Role in	Proposed	Total
		Position	Qualification	(In Year)	Limit, if	n For	the	Annual	Cost
					any (In	Which	Project	Salary	
					Years)	To be		(Rs. In	
						hired		Lakh)	
						(in			
						Years)			
<u>-</u>		ı	1	1	ı				

Fill al	l the	mand	latory	y fiel	ds.
---------	-------	------	--------	--------	-----

Manpower (scientific and technical)	to be hired for the projec	t through BIRAC contributionforApplica	nt

Remove

Add More

Select	Position	No. of	Minimum	Experience	Age	Duratio	Role in	Proposed	Total
		Position	Qualification	(In Year)	Limit, if	n For	the	Annual	Cost
					any (In	Which	Project	Salary	
					Years)	To be		(Rs. In	
						hired		Lakh)	
						(in			
						Years)			

Remove

Add More

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

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

			Note:	Please select and r	emove unused rows.
Select	Items	Quantity	Units (e.g. g/ml etc.)	Approximate Cost (Rs. In Lakhs)	Justification for the Requirement
	_				

**Consumable Details** 

**Through Applicant / BIRAC Contribution for Applicant** 

Total An	nount R	equired	For	Consumabl	e

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 t	he mandato	ory 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

ds. Reset

Cancel

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

**Justification for Other Recurring Heads** 

**Through Applicant / BIRAC Contribution for Applicant** 

<b>Travel Cost</b>	Travel	<b>Contingency Cost</b>	Contingency	Overhead	Overhead
(Rs. In Lakh)	Justification	(Rs. In Lakhs)	Justification	Cost	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	
Save	

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

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

**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  If you don't want to save this form modification.  Save  Reset ds.  Cancel	now. You save it next time with

**Step 19: Details of Manpower (Other Financial Details)** 

#### **Other Financial Details**

	Troposed Study. Trease include dovernment, Trivate, international Any Other	Jour	
	Proposed Study. Please Include Government, Private, International Any Other	Sour	_
1.	Details of the Other Sources of Funding Received/Requested/Committed	For	the

2.	Applicant 1	Γο Car	ed So Far/Approved By Any Of The Government Agencies To The ry Out Any Other Activity During The Last Five Years(Give Details Like ount Received/Approved, Funding Agency And Status Of The Project)
	Save as Draft		If you don't want to save this form now. You save it next time with modification.
	Save		
	Reset	ds.	
	Canaal	<b>.</b>	

#### Step 20:BUDGET DETAILS OF THE APPLICANT INSTITUTE

#### **Non Recurring Cost (Rs in Lakhs)**

Name of Applicant: ABC Collaborator Type -Institutions

Equipment Accessories (A) (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)

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

#### **B.** Recurring Cost (RS in Lakhs)

Manpo wer (A)	Consuma bles (B)	Travel (C)	Contingen cy (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.



**Step 22: Details of Manpower (Budget Summary)** 

# Name of Company Test Company Contribution by Applicant and Collaborators Applicant Sub Total (A): 0.00

Support Requested From I	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-
	0.00		

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



#### **Step 23: DECLARATION DOCUMENT**

## \* Please Upload the Declaration Document : Please upload only pdf files



#### **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.