



Shree Somnath Sanskrit University

(Accredited with A+ grade by NAAC)

Rajendra Bhuvan Road, VERAVAL-362 226.

Dist. Gir Somnath (Gujarat)

Website : www.sssu.ac.in

Application for Financial Assistance under SSIP 2.0 Scheme- 2022-27

Part-1 General Information

1. Name:

2. Date of Birth:

3. Sex:

4. Nationality:

5. Aadhar Card No :

6. PAN card No:

7. Name of Institution :

8. Present Address:

9. Permanent address:

10. Mobile No:

11. Email ID:

12. Educational qualification:

| Qualification | Board/University | Year of passing | % marks |
|-----------------|------------------|-----------------|---------|
| S.S.C | | | |
| H.S.C | | | |
| Graduation | | | |
| Post Graduation | | | |
| | | | |

13. Are you a student: Yes/No:

Paste your
passport size
photograph here.

14. Current semester/year of study:

15. Name of the Institute:

If No

16. Occupation:

17. Annual Income:

Part-2 Project Detail

1. Project Title (In English) :

(in Sanskrit/Gujarati/Hindi) :

2. Type of Proposal (PoC/Prototype/IPR):

3. Approximate Duration of Project:

4. Approximate Project Cost :

5. Details of Applicant(s) (Start with Team Leader) :

| Sr. No. | Name | Enrolment No. | Semester | Email | Mobile |
|----------------|-------------|----------------------|-----------------|--------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

6. Details of Faculty Guide:

| Sr. No. | Name | Department | Email | Mobile |
|----------------|-------------|-------------------|--------------|---------------|
| 1 | | | | |

7. Describe in Brief your Idea/Innovation

(Separate sheet of paper can be attached if required)

8. Specify clearly how your Innovation/Idea is helpful to the society:

(Separate sheet of paper can be attached if required)

9. With the help of a bar chart/table explain the schedule of work:
(Separate sheet of paper can be attached if required)

10. Summary of Estimated Project Cost:

| Sr. No. | Details | Cost | Remarks |
|---------|------------------------------|------|--------------|
| 1 | Equipment | | Annexure-I |
| 2 | Raw material and Consumables | | Annexure-II |
| 3 | Professional Services | | Annexure-III |
| 4 | IPR Services | | Annexure-IV |
| | Total | | |

11. Any other details you wish to share:

(Separate sheet of paper can be attached if required)

Certificate from Student(s) :

1. I hereby declare that the information regarding personal and innovation/idea are true. The innovation/idea is not copied and is my own creations.
2. I/We agree to abide by terms and conditions of the SSIP guidelines.
3. I/We did not submit this or a similar project proposal elsewhere for financial support.
4. I/We agree to submit the project on completion of event.
5. I/We understand that reimbursement of any expenditure made is subject to production of original bills issued by firm/agency/shop possessing CST/VAT/TIN/GST and other as applicable. Financial aid under SSIP is only at a reasonable level to enable students to carry out the project.

Place:

Date: ____/____/____

Name & Signature of Students:

- 1.
- 2.
- 3.

List of documents to be attached -

1. Photo ID proof
2. Aadhar card copy
3. Copy of PAN card
4. Address proof

Certificate from Faculty Guide and Mentor

Project Title:

In context to above mentioned project title and submitted proposal this is to certify that

1. Activity proposed is justifiable.
2. Approximate expenditure, with mentioned break up, is rational and required for conduction of activity.
3. Requirement of equipments/consumable items/ raw material/ minor works/ professional services and others as mentioned are required for effective and successful implementation of this project and hence recommended.

Date :

Name and Signature of Faculty Guide

- 1.

Name and Signature of Mentor

- 1.

Annexure-I

| Sr. No. | Equipments | | | Total Cost | Justification |
|--------------------------|-------------|-------------------|-------------------|------------|---------------|
| | Description | Quantity required | Rate per quantity | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Expenditure | | | | | |

Annexure-II

| Sr. No. | Raw material and Consumables | | | Total Cost | Justification |
|--------------------------|------------------------------|-------------------|-------------------|------------|---------------|
| | Description | Quantity required | Rate per quantity | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Expenditure | | | | | |

Annexure-III

| Sr. No. | Professional Services | Total Cost | Justification |
|----------------|------------------------------|-------------------|----------------------|
| | Description | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Expenditure | | |

Annexure-IV

| Sr. No. | IPR Related Activities | Total Cost | Justification |
|----------------|-------------------------------|-------------------|----------------------|
| | Description | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Expenditure | | |

Signature of Mentor

Signature of Student

Bank Authorisation Letter

(To receive the financial grant under SSIP 2.0 in the Shree Somnath Sanskrit University, Vevaval)

1. Project Title (In English) :

(in Sanskrit/Gujarati/Hindi) :

I/We _____ (name of the Team Leader/Account Holder) would like to receive the sums disbursed by the Shree Somnath Sanskrit University, Veraval for Students Start-up and Innovation Policy (SSIP 2.0) to me electronically to our bank account, detailed below:

| Payees' Particulars | |
|----------------------------------------------------|--|
| Name of the Account Holder (Team Leader) | |
| Address of the team leader | |
| District | |
| Pin Code | |
| Permanent Account Number (PAN) | |
| Mobile Number | |
| Email Id | |
| Bank Detail | |
| Name of the Bank | |
| Bank Branch (Name & address with telephone number) | |
| Bank Account Number | |
| Account Type | |
| IFSC Code | |
| MICR code | |

Account numbers and IFSC/MICR codes have been verified by me/we and are correctly recorded above.

| | |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| SD* Sign. of the Manager with (Bank branch maintaining the Account) *(to be signed by the Manager of the Bank) | 1. Name of the Team leader: Signature of the team leader: |
| | 2. Name/s of the other member/s: Signature/s of the other member/s: |
| | 3. Name of the mentor: Signature of the mentor: |

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| Email Id | |
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| | 2. Name/s of the other member/s: Signature/s of the other member/s: |
| | 3. Name of the mentor: Signature of the mentor: |

List of self attested documents to be attached - (1) Copy of PAN, (2) Bank Passbook (with A/C Number and address)