



Science and Engineering Research Board
(Statutory Body Established Through an Act of Parliament : SERB Act 2008)
Government of India

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Preview & Submit

Indian Collaborator Details

* Mandatory Fields

Lead Indian Collaborator

Username	testuser@yopmail.com	Name	Dr. test User
Date of Birth	01 July, 2007	Mobile Number	+911234567899
Gender	Male	Nationality	Indian

[Edit](#)
Biodata* (Only .pdf - max size 10 MB)

 No file selected.

[Download Biodata Template](#)
Photo* (max size 500 KB)

 No file selected.

Institution Details

Please provide details of the institution where proposed research will be implemented

State*
District*
Institution*
 Click here if you don't find your Institution in the above list.

Designation*
Department*

• [Click here, to add other Indian Collaborator\(s\), if any.](#)

VAJRA Faculty Details

* Mandatory Fields

Email Id of VAJRA Faculty*

Name *

Designation *

Department *

Character left: 1000

Institution Name *

Character left: 1000

Institution Address *

Character left: 3000

City *

Character left: 500

Zip Code

Country *

Type of Institution *

Date of Birth

Gender

 Male Female

Citizenship *

Category *

Contact No.

Fax No.



Research Plan of the VAJRA Faculty

* Mandatory Fields

Title of the Proposed Work*

Character left: 500

Broad Discipline *

Area of Research *

Theme *

Summary of Proposed Work *

x₂ x²

Character left: 3000

Keywords (Max. 6) ⓘ

Character left: 500

Objectives (in bullets) *

x₂ x²

Character left: 1500

Expected Outcome *

Character left: 1500

Role of VAJRA Faculty in Collaborative Research *

Character left: 3000

Was there any past collaboration between VAJRA Faculty and Indian Collaborator(s) ?

Yes No

Manpower availability in Indian Institution for proposed work

Designation	Number	Add Row
<input type="text" value="[Select Any Option]"/>	<input type="text" value="0"/>	

Any additional support that Indian Institution has been agreed to provide to VAJRA Faculty

(e.g. Accommodation, Medical/Personal Insurance etc.)

Probable number of visits: *

(Please mention the number of visits planned in the one-year duration)

Number of days in each visit :	Visit 1	Visit 2	Total
	<input type="text" value="30"/>	<input type="text" value="30"/>	<input type="text" value="60"/>

- Number of days in each visit should not be less than 30
- Total number of days in all visits together should not be more than 90

Upload Documents

Document Name *

Upload File (Pdf Format) *

Upload Status

[Select Any Option] ▲

[Select Any Option]

Endorsement Letter from Host Institution

CV of the VAJRA Faculty

Proposal

Consent Letter from Institution of VAJRA Faculty

Certificate from the Indian Lead Collaborator

<< Prev

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Document Details

S. No.	Document Name
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