

NUMS - INSTITUTIONAL RESEARCH FUND

PROJECT COMPLETION REPORT

(To be furnished immediately after completion of Project)

RESEARCH PROJECT TITLE:

1. Information of Principal Investigator/ Co-Principal Investigator:

| Sr. No | Title | Name | Appointment/ Designation | Department | Sign |
|--------|-----------------------------------|------|--------------------------|------------|------|
| 1 | Principal Investigator | | | | |
| 2 | Co-Principal Investigator (Co-PI) | | | | |

2. DURATION OF PROJECT:

- a) Date of Approval of Project: _____
- b) Starting Date of Project: _____
- c) Completion Date: _____
- d) Total Duration of Project (In Months): _____
- e) Reason in case of Delay of Project: _____

3. FINANCIAL STATUS of PROJECT:

- 3.1 Total Amount approved for project _____
- 3.2 Total Amount Received _____
- 3.3 Total Amount spent _____
- 3.4 Amount in Balance (If Any) _____

4. PROJECT ATTRIBUTES

- 4.1 Introduction _____
- 4.2 Main Objectives of Project _____
- 4.3 Summary of Research Methodology _____
- 4.4 Outcomes/Capability Achieved _____

5. BENEFITS OF THE PROJECT:

- 5.1. Market Impact _____
- 5.2 End Users/Specify the Entity which can Utilize Outputs _____
- 5.3 Marketing / Commercialization Strategy _____

6.TANGIBLE OUTPUTS OF THE PROJECT

- 6.1 Details of Research Papers Published_____
- 6.2 Details of Conferences Paper Presentations_____
- 6.3 Details of Product Invented through this Project_____
- 6.4 Details of Patent Filed or Otherwise_____
- 6.5 Research Supervised (Number of Students who have Completed Research Degrees under Said Project) _____

7. OTHER OUTPUTS

- 7.1 No. of Products_____
- 7.2 No. of Processes/ Methods_____
- 7.3 Any other output (Please specify) _____
- 7.4 Linkages with R&D Organizations, Universities and Industries_____
- 7.5 Socio-Economic Impact of the Project_____

8. Major problems hindering during execution of project, if any_____

9. Has the project been conducted in accordance with the protocol approved by the NUMS IRB & Ethics Committee?

Yes No

If no, please state reason(s)/justification: _____

.....
(Signature/Stamp of PI)

.....
(Signature/Stamp of HoD)

.....
(Signature/Stamp of Dean)

.....
(Countersigned by Head of the Organization)



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FUND UTILIZATION REPORT

Project Title: _____

| S. No | Description | Approved Budget | Expenditures | Balance |
|-------|----------------------------|-----------------|--------------|---------|
| 1 | Permanent Equipment | | | |
| 2 | Expendable Supplies | | | |
| 3 | Literature/Stationery | | | |
| 4 | Field Visits / Travel Cost | | | |
| 5 | Sample Analysis | | | |
| 6 | Miscellaneous | | | |
| | Total | | | |

Principal Investigator (Sign & Stamp) _____

Accounts Officer (Sign & Stamp) _____

University Auditor (Sign & Stamp) _____

COUNTERSIGNED

Head of Department