

**CENTER FOR TECHNOLOGY DEVELOPMENT AND TRANSFER  
ANNA UNIVERSITY: CHENNAI 25.**

**INFRASTRUCTURAL FACILITIES REQUIRED FOR SPONSORED RESEARCH PROJECTS  
(For Internal use only, to accompany all project proposals)**

**I Project details**

- a) Title of the project :
- b) Department(s)/Center(s)/Institute :
- c) Principal Investigator(s) :
- d) Co-investigator(s) :
- e) Name & address of the sponsoring Agency:
- f) Value of the project proposed :
- g) Provision for University Overheads :
- h) Duration of the project proposed :

**II Facilities required for carrying out the project**

- a) Does the project need Additional space : Yes / No  
If yes, specify area and estimated cost :
  - i) For equipment/stores :
  - ii) For project staff :
- b) Is any additional furniture required : Yes / No  
If yes, please specify the cost :
- c) Is the existing water/power supply system in the Lab, is sufficient : Yes / No  
If not specify additional requirements and cost of their modification / erection.
- d) Has the Investigator ascertained the ready availability of the existing facilities for the project from the Department/Centre/Institute : Yes / No  
If yes Please Specify the source of funding: University/Project

e) Are the facilities of other Department/  
Centers/Central Workshops required.  
If so, type, quantum and duration may  
be mentioned : Yes / No

If yes had the provision been made in the  
Project for meeting the cost of the above : Yes / No

### **III Major Infrastructure facilities**

Infrastructure facilities such as building/  
Air conditioning specifically to be provided  
by the university. Please specify the  
estimated cost :

### **IV Recurring expenses after the completion of the project**

Please specify the sources of funding to  
meet recurring cost for maintaining/running  
the equipment : University / other sources

### **V Alternate investigator**

If there is only one investigator, is he/she  
agreeable to nominate another faculty  
member to look after the project in case  
he/she goes on long leave to continue  
the project. : Yes / No

**Investigator(s)**  
**Date**

**Head of the Department(s) / Center(s) / Institute**  
**Date**

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### **FOR CTDI OFFICE USE**

Project Proposal No.: Dept./SI. No. of Proposal/year of forwarding/investigator name

Project proposal forwarded on \_\_\_\_\_(date)

**Superintendent**