**Karnataka Academy of Science and Technology**

Application Form

**Department of Science and Technology, Government of Karnataka**

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| **Awards for Innovations for PG Students (Prof. U. R. Rao Award) &**  **UG Students (Dr S. K. Shivakumar Award)** |

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| 1. Full name: |  |
| 1. Date of Birth & Age: | Date : Age: |
| 1. Current Year of Study |  |
| 1. Contact Address   (including phone, mobile & email): | Phone/ Mobile:  Email : |
| 1. Name & Address of the Insitute |  |
| 1. Details of Innovative Project | Is it part of UG or PG  ⎕ UG ⎕ PG |
| 1. Institution where innovative project work was carried out: |  |
| 1. Have you received any funding for the project? | ⎕ Yes ⎕ No  If yes, the name of the grant institution: |
| 1. Have you received any Award for the project?: | ⎕ Yes ⎕ No  Award Name:  Institute/Department awarded: |
| 1. Name & Contact details of Supervisor/Guide | Phone/ Mobile:  Email : |
| 1. Title of Innovative Project: |  |
| 1. Describe in up to 100 words the features of the innovative project which clearly shows creativity and total amount spent: | Details are attached in a separate page at Annexure 1  ⎕ Yes ⎕ No |
| 1. Write in less than 250 words innovative prototype model or product developed along with its salient features. | Innovative elements, distinctive design feature as well as usefulness to the society (Please attach separate page as an Annexure):  Details are attached in a separate page at Annexure 1  ⎕ Yes ⎕ No |
| 1. Have you ever been arrested / prosecuted / convicted by Court of Law? | ⎕ Yes ⎕ No |

**DECLARATION**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that the project work should not have been carried out in any institution/organization and also any attempt to bring influence to show favour will be deemed as disqualification and the innovative project of such person will be rejected without any intimation.

Place:

Date:

Name:

Signature: