

**RESEARCH PROJECTS FORWARDED TO EXTERNAL AGENCY FOR
FINANCIAL ASSISTANCE**

01	Title of the Project	:	Real time decision making using Internet of Things in healthcare
02	Principal Investigator Details Signature:	:	Name: Dr. Isha Batra UID: 17451 Phone No: 8968389454 Email ID: isha.17451@lpu.co.in Current School Name: CSE Parent School (if different) : NA
03	Co-Investigator 1 Details	:	Name: Dr. Mahender Singh Kaswan UID: 20404 Phone No: 9416679562 Email ID: mahender.20404@lpu.co.in Current School Name: Division of Admissions Parent School (if different) : Mechanical
04	Co-Investigator 2 Details	:	Name: Dr. Prince UID: 16092 Phone No: 9814708767 Email ID: prince.16092@lpu.co.in Current School Name: CSE Parent School (if different) : Mathematics
05	Co-Investigator 3 Details	:	Name: Dr. Arun Malik UID: 17442 Phone No: 8968389565 Email ID: arun.17442@lpu.co.in Current School Name: CSE Parent School (if different) : NA
06	Co-Investigator 4 Details	:	Name: Dr. Shilpa Sharma UID: 13891 Phone No: 9888679493 Email ID: shilpa.sharma@lpu.co.in Current School Name: CSE Parent School (if different) : NA
07	Whether external PI/Co-PI involved (if Yes, is the consent letter submitted?)	:	No
08	Either PI or Co-PI has/had a funded project in their name?	:	No
09	Name of the agency where the project is to be sent	:	Science and Engineering Research Board
10	Funding Agency Scheme	:	Start-up Research Grant (SRG)
11	Project Budget	:	2,50,000
12	Project Duration in Years	:	2 years
13	Has this proposal been submitted before for the same or another funding agency?	:	No
14	Does the project impose any financial liability on the LPU? (Please tick either Yes or No). If yes, please mention the amount.	:	No
15	Turnitin Report submitted	:	Yes

16	Blank Proposal Template/ Pro forma Submitted	:	Yes
17	Last date for project submission to the funding agency	:	NA
18	Remarks of HOS with signatures:	Forwarded for necessary action Ours 11361 20/1/22 (CoS)	
19	Remarks of DRD Official with signatures:		
FOR ADMINISTRATIVE USE BY DSR-DRD ONLY			
20	Date & Time of Project Receiving		
21	Any Additional Remarks		

Guidelines for submitting the Proposals for Research Grant, Travel Grant, Conference and Workshop

Kindly refer to the below-given details while filling out the details asked in the funding agency format.

Proposal Submission Guidelines

- Correspondence Address, E-mail, and Phone number:
Lovely professional University
Jalandhar- Delhi G.T. Road, Phagwara- 144411
District Kapurthala, Punjab (India)
E-mail: dsrdrd@lpu.co.in
Phone No.: 01824444593
- Identity/Status of LPU to be mention:
Self-financed university established by the enactment of the Legislature of the state of Punjab and recognition by the University Grant Commission under section 2(f) of the UGC Act,1956.
- Emolument for Research Personnel
- J.R.F = 31,000/- , S.R.F = 35,000/- , Research Associate-I = 47,000/-, Research Associate-II = 49,000/-, Research Associate – III = 54,000/- . (HRA for research personnel is 8 % of the allowed fellowship amount)
- Please promote the JRF to SRF after two years and update the budget accordingly.
- Soft copy of the endorsement letter has been emailed to dsrdrd@lpu.co.in.
- For travel grant proposals hardcopy of the passport should be submitted to the DRD.
- Before submission, please check that the project budget including overhead charges, Manpower is as per the funding agency norms.
- After complete submission to the funding agency, please email the acknowledgment number, final budget, or any other change to DRD at dsrdrd@lpu.co.in. The log request shall be considered after this only.

Self-Declaration

I, Dr. Isho Batra, PI / Co-PI of the project proposal title with Real time decision making using Internet of Things in healthcare from the school of Computer Science & Engineering, Lovely Professional University India, do hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proven false / not true at any point in time, the benefit availed of by me or the benefit accrued to me shall be summarily canceled.

Signature (Dr. 30/12/22)