CENTRE OF EXCELLENCE FOR STRATEGIC BRAND IDENTITY DEVELOPMENT (CESBID)

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**APPLICATION FORM FOR CESBID PROJECT PROPOSALS**

1. **Name of the Department:**

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1. **Name of the Faculty:**

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1. **Name of the Project:**

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1. **Intended project category of the proposed project:**

Scholarly Initiatives (SI)

Training & Development (TD)

Industry-based Consultancies (IC)

Outreach Activities (OA)

1. **Proposed duration of the project:**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Project team:**
2. **Project Team lead and contact details:**
3. **Description of the project:**
4. **Description of the intended stakeholder group:**
5. **Description of the strategic impact of the partnership in creating brand identity:**
6. **Project outcomes:**
7. **Project milestones and Gantt Chart:**
8. **Estimated Budget to be enclosed as a separate Annexure.**
9. **Any other specific remarks:**