**Annexure-IX**

**PROJECT COMPLETION REPORT**

Notes: 1. Five copies of the Project Completion Report (PCR) should be sent within

one month of the completion or termination of the project.

* + 1. The PCR should be in bound form.
    2. Cover page should include the title of the project, file number, names and addresses of the investigation.

1. Title of the project:
2. Principal Investigator(s) and Co-Investigator(s):
3. Implementing Institution(s) and other collaborating Institution(s):
4. Date of commencement:
5. Planned date of completion:
6. Actual date of completion:
7. Objectives as stated in the project proposal:
8. Deviation made from original objectives if any, while implementing the project and reasons thereof:
9. Experimental work giving full details of experimental set up, methods adopted, data collected supported by necessary table, charts, diagrams & photographs:
10. Detailed analysis of results indicating contributions made towards increasing the state of knowledge in the subject:
11. Conclusions summarising the achievements and indication of scope for future work:
12. S&T benefits accrued:
    1. List of Research publications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S No** | **Authors** | **Title of paper** | **Name of the Journal** | **Volume** | **Pages** | **Year** |
|  |  |  |  |  |  |  |

1. Manpower trained on the project
   1. Research Scientists or Research Associates
   2. No. of Ph.D. produced
   3. Other Technical Personnel trained
2. Patents taken, if any

13. Financial Position:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Financial Position/ Budget Head** | | | **Funds Sanctioned** | | **Expenditure** | | **% of Total cost** |  |
| I | Salaries/ Manpower costs | | |  |  |  |  |  |  |
| II | Equipment | | |  |  |  |  |  |  |
| III | Supplies & Materials | | |  |  |  |  |  |  |
| IV | Contingencies | | |  |  |  |  |  |  |
| V | Travel | | |  |  |  |  |  |  |
| VI | Overhead Expenses | | |  |  |  |  |  |  |
| VII | Others, if any | | |  |  |  |  |  |  |
|  |  | **Total** | |  |  |  |  | **100%** |  |
| 14. Procurement/ Usage of Equipment | | | |  |  |  |  |  |  |
| a) |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  | |  |
| **S No** | **Name of Equipment** | **Make/Model** | **Cost (FE/ Rs)** | | **Date of** | **Utilisation** | **Remarks regarding** | |  |
|  |  |  |  |  | **Installation** | **Rate (%)** | **maintenance/ breakdown** | |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

b) Plans for utilising the equipment facilities in future

Name and Signature with Date

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal Investigator)

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Co-Investigator)