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**CEFIPRA HIGH IMPACT SCIENTIFIC RESEARCH NETWORK PROGRAMME**

**Proposal Format**

(Please Read Programme Guidelines Carefully Before Submitting the Proposal)

TARGETED TOPIC OF COOPERATION: One Health

Sub Area(s):

Title (In English):

Title (In French):

**Contact Information of Network Members**

Name of the Principal Network Coordinator (Indian) :

Institution of the Indian PI, with Place:

Name of the Principal Network Coordinator (French) :

Institution of the French PI, with Place:

List of other PIs (Minimum three partners from different institutions from each India & France)

Total Budget: Rs. ………….(Euros. ………. )

Proposal duration in months:

**Proposal summary [identical to the abstract from the online proposal submission form, section 1-(1 page max)].**

The abstract (summary) should, at a glance, provide the reader with a clear understanding of the objectives of the research proposal and how they will be achieved. The abstract will be used as the short description of motivation behind the network.

Objective wise activity plan along with milestones, bringing out clearly the networking aspects and value addition through the proposed Network.

Please use plain typed text, avoiding formulae and other special characters. The abstract must be written in English. There is a limit of 2000 characters (spaces and line breaks included).

**Section a: Extended Synopsis of the scientific proposal (max. 3-4 pages)**

*[The Extended Synopsis should give a concise presentation of the scientific proposal, with particular attention to the ground-breaking nature of the research project, which will allow evaluation panels to assess, in Step 1 of the evaluation, the feasibility of the outlined scientific approach.*

*Describe the proposed network activities in the context of the state of the art of the field.* ***References to literature*** *should also be included.]*

*Prior Interactions within networks partners*

***Please respect the following formatting constraints: Times New Roman, Arial or similar, at least font size 11, margins (2.0 cm side and 1.5cm top and bottom), single line spacing.***

**Section b: Indicate Tentative budget Heads as per the proposed activities (0.5 page max)**

**Section c: List of participating members in network**

**Section d; Impact of the project proposed and how you intend to develop/built new network on this(*activities planned in network).(1.5 page)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Estimated for proposed Project under High Impact Scientific Research Network** | | | | | |
|  | **Items** | **In Rs. ( INR)** | **In Euro** | **In Rs. ( INR)** | **In Euro** |
| A | Travel | French Scientist to India: upto 5 members with 2 visit each for 15days | | Indian Scientist to France: upto 5 members with two visit each for 15days | |
|  | International Travel ( Euros 1.200 per person or Rs. 90,000 per person |  |  |  |  |
|  | Boarding and lodging expenses (Per Person)  In France  Accomodation: Euro 128 per day  Per-diem: Euros 60 per day  In India  Accomodation: INR 7000 per day  Per diem: INR 2700 per day |  |  |  |  |
|  | Internal/Domestic Travel |  |  |  |  |
|  | **Travel sub total** |  |  |  |  |
| **Total Travel under High Impact Research Network in one domain** | |  | |  | |
| **B.** | **Workshop (30 persons)** |  | |  | |
| **Budget requested from CEFIPRA under Proposed Proposal** | |  | |  | |
| **Budget from Other sources** | |  | |  | |
| **Total budget** | |  | |  | |

**Curriculum vitae of Indian & French Principal Network Coordinator (max. 2 pages each)**

*[The template below is provided only for guidance. It may be modified as necessary and appropriate.]*

**PERSONAL INFORMATION**

Name:

Researcher unique identifier(s) (such as ORCID, Research ID, etc. ...), if any:

Nationality:

Date of birth:

URL for web site:

*  **EDUCATION**

199? PhD

Name of Faculty/ Department, Name of University/ Institution, Country

199? Master

Name of Faculty/ Department, Name of University/ Institution, Country

*  **CURRENT POSITION(S)**

201? – 201? Current Position

Name of Faculty/ Department, Name of University/ Institution/ Country

200? – Current Position

Name of Faculty/ Department, Name of University/ Institution/ Country

*  **PREVIOUS POSITIONS**

200? – 200? Position held

Name of Faculty/ Department, Name of University/ Institution/ Country

200? – 200? Position held

Name of Faculty/ Department, Name of University/ Institution/ Country

*  **FELLOWSHIPS AND AWARDS**

200? – 200? Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

200? Award received from Name of Institution/ Country

198? – 199? Scholarship, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

*  **SUPERVISION OF GRADUATE STUDENTS AND POSTDOCTORAL FELLOWS**

200? – 200? Number of Postdocs/ PhD/ Master Students

Name of Faculty/ Department/ Centre, Name of University/ Institution/ Country

*  **TEACHING ACTIVITIES (if applicable)**

200? – Teaching position – Topic, Name of University/ Institution/ Country

200? – 200? Teaching position – Topic, Name of University/ Institution/ Country

*  **ORGANISATION OF SCIENTIFIC MEETINGS (if applicable)**

201? Please specify your role and the name of event / Country

200? Please specify type of event / number of participants / Country

*  **INSTITUTIONAL RESPONSIBILITIES (if applicable)**

201? – Faculty member, Name of University/ Institution/ Country

201? – 201? Graduate Student Advisor, Name of University/ Institution/ Country

200? – 200? Member of the Faculty Committee, Name of University/ Institution/ Country

200? – 200? Organizer of the Internal Seminar, Name of University/ Institution/ Country

200? – 200? Member of a Committee; role, Name of University/ Institution/ Country

*  **COMMISSIONS OF TRUST/MEMBERSHIPS OF EVALUATION BOARD (if applicable)**

201? – Scientific Advisory Board, Name of University/ Institution/ Country

201? – Review Board, Name of University/ Institution/ Country

201? – Review panel member, Name of University/ Institution/ Country

201? – Editorial Board, Name of University/ Institution/ Country

200? – Scientific Advisory Board, Name of University/ Institution/ Country

200? – Reviewer, Name of University/ Institution/ Country

200? – Scientific Evaluation, Name of University/ Institution/ Country

200? – Evaluator, Name of University/ Institution/ Country

*  **MEMBERSHIPS OF SCIENTIFIC SOCIETIES (if applicable)**

201? – Member, Research Network “*Name of Research Network*”

200? – Associated Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

200? – Funding Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

*  **MAJOR COLLABORATIONS (if applicable)**

Name of collaborators, Topic, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

*  **CAREER BREAKS (if applicable)**

Exact date :Please indicate the reason and the duration in months.

*  **5 MOST RELEVANT PUBLICATIONS**

Please provide -title-authors-year- journal name and details

Proposals must be submitted in the prescribed format on [pmsadmin@cefipra.org](mailto:pmsadmin@cefipra.org) with subject line as **“Application for CEFIPRA High Impact Programme”**