

## Proforma for Submission of Project Proposal under Experiential Learning

1. Name of University:
2. Title of the Experiential Learning unit:
3. Name of the College with address:
4. Organisational setup of the unit:

	Name	Contact details (Designation, Mobile number, Email)	Responsibilities
Chief Executive Officer			
Managing Director			
Manager			
Faculty			
Guest faculty			

5. **Scope and objective:**  
(Please justify scope for skill learning and employability):
6. **Production Plan /Activity Chart:**  
(Month-wise operational activities)

Particulars						
Orientation						
Developing a Business plan						
Training in Advance Skills						
Plan for the production						
Production						
Sales						
Documentation and Reports						
Presentation and Oral Examination						

7. **Infrastructure requirement:**  
A. Civil work

SN	Activity	Civil work	Cost	Justification	Present Status

*Note: Facilities not available may only be demanded*

- B. List of tools/ equipments:

SN	Activity	Item	Cost	Justification	Present Status

**8. Production targets:**

S N	Activity	Material produced	Quantity

Note: Production plan for 10 students

**9. Economics: (Tentative)**

(Accounts shall be maintained regularly)

S N	Activity	Production Cost	Gross income	Net profit	Profit share/ student	Profit share of department

**10. Marketing Strategy/ Plan including product sale:**

**11. Risk Assessment:**

S N	Risk identified	Action proposed

**12. Monitoring and Evaluation of the EL Unit:**

(Give details of inbuilt mechanism)

**13. Student Evaluation:**

(Attendance, Targets etc)

**14. Credit hours /Syllabus:**

**15. Prospective private enterprises for proposed partnership:**

S N	Name of the Agency	Type of collaboration

**16. Product, production and marketing related legal aspects, if any:**

**17. Budgetary requirements:**

(Provide list with item wise cost and other details as Annexure)

S N	Particulars	Amount (Rs. in lakh)	Brief Justification
<b>A. Recurring</b>			
i.	Faculty training		
ii.	Guest lectures		
iii.	Operational expenses (Manpower etc.)		
iv.	Others (Pl specify)		
<b>Total Recurring</b>			
<b>B. Non-recurring</b>			
v.	Equipments		
vi.	Works (repair, renovation etc.)		
vii.	Others (raw material etc.)		
<b>Total Non recurring</b>			
<b>C. Revolving Fund</b>			
viii.	Name of the item		
<b>Total Revolving Fund</b>			
<b>Grand Total (A+B+C)</b>		<b>(In Figures)</b>	
		<b>(In Words)</b>	

**18. Proposed funding from other sources:**

S N	Particulars	Amount (Rs. in lakh)	Purpose

**19. Attach a brief profile of the core faculty with reference to this programme: Annexure****20. Any other information:****CHECK LIST****If Yes please tick (√) if No please (X)**

- i Submission of Demand/ Proposal as per format
- ii UC/AUC of Previous Financial Year
- iii Printed Annual Reports as per format
- iv Head Wise Expenditure in Annexure
- v Present status of EL Units in the University


Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

### Present Status of Experiential Learning Unit by the ICAR Already Sanctioned

1. Name of the University:
2. Name of the College/ Department:
3. Students Intake Capacity: (University wise and College wise)
4. Existing Experiential Learning Units:

S N	Title of the EL Unit	Location	Date of start	Nodal person	Income generated	Functioning/ Non functioning *	No. of Students taking up entrepreneurship

\*Give reasons if not working

6. Total Budget Received:

S N	Year	From ICAR	From other sources	Amount (In lakh)
<b>Grand Total</b>				

7. Remarks , if any

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_