

**NATIONAL SCIENCE CENTRE**  
(NATIONAL COUNCIL OF SCIENCE MUSEUMS)  
MINISTRY OF CULTURE, GOVERNMENT OF INDIA  
BHAIRON ROAD, NEAR GATE NO.1, PRAGATI MAIDAN  
NEW DELHI – 110001

(To be filled by Office)

Project no.

Date of Start

Date of Completion

**Innovation Space**  
**Project Proposal**

(Back of the paper/Extra sheets may be used wherever required. Overwriting and cutting should be avoided. All used sheets be signed)

1. **Project:** \_\_\_\_\_

2. **Description** \_\_\_\_\_

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3. **Project's Design**

4. **Advantage over previous designs by others(If any)**

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5. **Procedure Followed** \_\_\_\_\_

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**(Signature of Experimenters)**

**6. Data/Information to be collected**

**7. Expected Conclusions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Precaution to be followed** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Materials required** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Approximate Cost** \_\_\_\_\_

**11. References** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of Experimenters**

Project durations \_\_\_\_\_

Names	A) _____	Membership no. _____
	B) _____	Membership no. _____
	C) _____	Membership no. _____

**Signature of  
Supervisor/ Mentor**

**Signature of OIG  
of Innovation Space**

**Signature of Experimenters**

- 1.
- 2.
- 3.