# RESOURCE CENTRE
## APPLICATION FORM

## NATIONAL CYBER SAFETY
### AND SECURITY STANDARDS

Name of the Institution:

Founder Name :

Vice-Chancellor / Principal Name :

Institution Category : ☐ University ☐ College

If University : ☐ Central University ☐ State University ☐ Deemed University ☐ Private University

If College : ☐ Public ☐ Private Aided ☐ Private Un-aided ☐ Autonomous

Estd. Year: ☐☐☐☐☐☐☐☐     Affiliated to (University):

Accreditation by: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Grade : ☐☐☐☐☐

Students Strength (in Number) : ☐☐☐☐☐☐     Staff / Faculty Strength (in No.) : Teaching ☐☐☐☐☐ Non-Teaching ☐☐☐☐☐

### Department Information:

| S. No | Dept/Branch Name | No. of students studying in each Dept. | Name of the HOD |
|-------|------------------|----------------------------------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

### Institution Tie-ups / Associations (Latest):

| S. No | Association with (Institution Name) | Purpose of Association | Date (DD/MM/YYYY) |
|-------|-------------------------------------|------------------------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

### Industry Collaborations (Latest)

| S. No | In Collaboration with (Industry Name) | Purpose of Collaboration (Title) | Date of Collaboration |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

### RESEARCH & DEVELOPMENT (R & D)    * CURRENT/PROGRESSING R & D PROJECTS

| S. No | Project Title | Dept./Domain/Area | Name of Project Head & Designation |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |

### RESEARCH & DEVELOPMENT (R & D)    * COMPLETED R & D PROJECTS

| S. No | Project Title | Dept./Domain/Area | Name of Project Head & Designation |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

## PATENTS (NATIONAL / INTERNATIONAL)

| S. No | Patent Name | Dept./Domain/Area | Date of Issue |
|-------|-------------|-------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

## RESEARCH CENTRES    * MAJOR

| S. No | Title | Dept. / Area / Field | No. of Research Scholars | In Collaboration with Industry (Name) | No. of Systems / Equipments for each Research Centre |
|-------|-------|----------------------|--------------------------|----------------------------------------|------------------------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |

## DISCOVERIES, IF ANY

| S. No | Discovery Name | Research Domain | Dept./Area/Field | Name of the Discoverer |
|-------|----------------|-----------------|------------------|------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

## COMMUNICATION DETAILS

Name of Institution :

Place / Street :                                Post Office :

City / District :                                State :

Country :          Pin Code :          Landline : STD CODE

Fax :                    Email ID

Website :

## CONTACT PERSON DETAILS

Name :

Designation :                              Department :

Landline : STD CODE                        Mobile :

Email ID :

## APPLICATION FEE (PAYMENT MODE) : in favor of "National Cyber Resource Center" payable at Delhi.

Application & Processing Fee (Per Year for *Engineering & University) : INR 30, 000 /- (Thirty Thousand only ) + 18% GST.

I enclose a ☐ cheque / ☐ Demand Draft   No ............................................................. for INR ...............................................................

Dated on ....... / ....... / 20...... at bank ............................................. branch ............................................. in favor of "National Cyber Resource Center" payable at Delhi.

Terms & Conditions : No refund or transfer of application fee on cancellation

## DECLARATION

I ........................................................................................... Designation ........................................ hereby declare that the above furnished information is true to my knowledge and belief. I also agree to abide by the terms, conditions and decisions of the High Level Committee of National Cyber Safety and Security Standards.

Seal with Authorised Signatory