ख़्वाजा मुईनुद्दीन चिश्ती भाषा विश्वविद्यालय, लखनऊ
Khwaja Moinuddin Chishti Language University, Lucknow
(Uttar Pradesh State Government University)

संख्या : 2199 /भाविवि/कुसका/2026/1293/26(2) दिनांक : 12 नवम्बर, 2026

सेवा में,

समस्त सह–आचार्य/सहायक आचार्य (नियमित/संविदा)
ख़्वाजा मुईनुद्दीन चिश्ती भाषा विश्वविद्यालय,
लखनऊ।

विषयः शोध को बढ़ावा देने हेतु शोध प्रस्ताव आमंत्रित किये जाने के सम्बन्ध में।

महोदय/महोदया,

माननीय कुलपति जी द्वारा विश्वविद्यालय में शोध कार्य को बढ़ावा देने एवं शिक्षकों को शोध हेतु प्रोत्साहित करने के लिए Research Seed Money का प्रावधान किया गया है। उक्त प्रयोजन हेतु समस्त विभागों के सहायक आचार्य एवं सह–आचार्य (नियमित/संविदा) से दिनांक 15–11–2026 से 15–12–2026 तक निर्धारित प्रारूप (छायाप्रति संलग्न) पर शोध प्रस्ताव आमंत्रित किये जाते हैं।

समस्त विभागों से प्राप्त प्रस्तावों का एक समिति द्वारा परीक्षण किया जायेगा। समिति द्वारा की गयी संस्तुति के आधार पर उपलब्ध बजट के सापेक्ष शोध हेतु सीड मनी आवंटित की जायेगी।

अतः अनुरोध है कि उक्त निर्धारित अवधि के अन्दर शोध प्रस्ताव उपलब्ध कराना सुनिश्चित करें ताकि उनका परीक्षण किया जा सके और परीक्षणोंपरान्त माह जनवरी–2026 से शोध हेतु सीड मनी उपलब्ध करायी जा सके।

भवदीय

(विकास)
कुलसचिव

संलग्नक– उपरोक्तानुसार

पृष्ठांकन संख्या एवं दिनांक : उपरोक्त।

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

1– वैयक्तिक सहायक, कुलपति कार्यालय को माननीय कुलपति जी के अवलोकनार्थ।
2– वित्त अधिकारी।
3– समस्त संकायाध्यक्ष/विभागाध्यक्ष/निदेशक/विषय प्रभारी/शिक्षक।
4– सम्बन्धित पत्रावली।

12.11.26
कुलसचिव

ANNEXURE I

KMCLU RESEARCH SEED MONEY GRANT — APPLICATION FORM

The following prescribed application form shall be used for submission of proposals under the KMCLU Research Seed Money Grant Scheme. The eligibility and grant ceilings shall be governed by this SoP and the notification issued by the Registrar for the relevant academic session.

KHWAJAMOINUDDIN CHISHTI LANGUAGE UNIVERSITY, LUCKNOW

FORMAT FOR SUBMISSION OF RESEARCH PROJECT PROPOSAL

Application No.: _____ Academic Year: _____

PART – A

1. Broad Subject _____

2. Area of Specialization _____

3. Duration _____

4. Principal Investigator

i. Name _____

ii. Sex _____

iii. Date of Birth _____

iv. Category (if required by the scheme) _____

v. Qualification _____

vi. Designation _____

vii. Address:_____

Office _____

viii. Residence _____

ix. Email / Phone _____

5. Employment status / eligibility: Assistant Professor/Associate Professor/Professor (Regular / Contractual)

_____

6. Teaching and Research Experience of Principal Investigator

(a) Teaching experience: UG _____ years; PG _____ years _____

(b) Research experience _____

(c) Publications — Papers published _____

Accepted _____

Communicated _____

Books published _____

Accepted _____

Communicated _____

(Please enclose the list of papers and books published and/or accepted during the last five years.)

PART – B

Proposed Research Work

8 (i) Project Title

_____
_____

(ii) Introduction

Include the background and rationale of the proposed research.

_____
_____
_____
_____
_____
_____

(iii) Objectives

_____
_____
_____
_____
_____

(iv) Methodology

_____
_____
_____
_____
_____

(v) Plan of work and targets to be achieved

_____
_____
_____
_____
_____

(vi) Innovation in your research

_____
_____
_____
_____

(vii) Expected Output and Relevance of the Proposed Research for Policy/society

_____
_____
_____
_____

9. Financial Assistance Required

S. No.	Item	Estimated Expenditure (₹)

i.	Books and Journals	
ii.	Equipment, if needed	
iii.	Field Work and Travel	
iv.	Chemicals, Consumables / Materials (where applicable)	
v.	Contingency (including special needs)	
	TOTAL	

10. Whether the teacher has received support for a research project from KMCLU, DST, ICSSR or any other agency? If so, please indicate:

i. Name of the agency from which assistance was approved _____

ii. Sanction letter number and date _____

iii. Amount approved and utilized _____

iv. Title of the project for which assistance was approved _____

v. If completed, whether the work has been published _____

vi. If applicable, whether a doctoral thesis arising from the work was submitted and accepted _____

vii. If the project has not been completed, state the reasons _____

11. Details of research project(s) / scheme(s) completed or ongoing other than this application

_____
_____
_____
_____
_____

12. Any other information which the applicant may like to give in support of this proposal

_____
_____
_____
_____
_____

DECLARATION AND CERTIFICATION

I certify that:

- ☐ The information provided in this application is true and complete to the best of my knowledge.
- ☐ The proposed research will be undertaken in accordance with the approved KMCLU policy, the sanction letter, and applicable University rules.
- ☐ The proposed project is not being funded by another agency for the same work, and any related funding or submissions have been disclosed.
- ☐ Required ethics approvals and other permissions, where applicable, will be obtained before the relevant research activities begin.

Signature of Principal Investigator: _____ Date: _____

Name: _____

Plagiarism & AI Detection Report

Project Details

Title of the Research Proposal: _____
Name of Principle Investigator (PI): _____
Name of Department: _____

Verification

This is to certify that the above-mentioned research proposal has been checked using approved plagiarism detection software and AI-content detection tools _____ (mention the name of the software).

Plagiarism Percentage Detected: _____ %
(Acceptable Limit (as per UGC/ICSSR norms): ≤ 10% (excluding bibliography, quotes, and standard phrases))

Final Status: ☐ Within Limit / ☐ Beyond Limit

AI-generated Content Detected: ☐ Yes / ☐ No

If yes, percentage/extent of AI-generated content: _____ %

Final Status: ☐ Acceptable (acknowledged use only) / ☐ Not Acceptable

Certification

On the basis of the above checks, the proposal is found to be:

☐ Original and suitable for submission
☐ Not suitable for submission (due to plagiarism/AI content)

Signature of PI:

Forwarded by:

Head of the Department	Dean of the Faculty

Annexure II

CERTIFICATE BY THE HEAD OF DEPARTMENT DULY FORWARDED BY THE DEAN OF THE FACULTY

It is certified that the proposal has been reviewed and evaluated at the departmental level; the facilities indicated are available or their gaps are stated; and the proposal is forwarded for consideration under the KMCLU Research Seed Money Grant Scheme.

Name and Designation: _____

Signature with Seal: _____ Date: _____