

Central Power Research Institute, Bangalore**R&D Management Division****FORMAT FOR REVIEWER'S COMMENTS ON NEW RSOP PROJECT PROPOSALS**

SL No	Particulars	Details / Information
1	Project Title:	
2	Relevance of the proposal for the present needs of the Indian Power Sector (Please select suitable check box)	<input type="checkbox"/> <i>Relevant to Power Sector</i> <input type="checkbox"/> <i>Not relevant to Power Sector</i>
3	Remarks on:	
	<i>a) Objectives:</i>	
	<i>b) Justification:</i>	
	<i>c) Deliverables:</i>	
	<i>d) Technical programme of work:</i>	
	<i>e) Estimated project cost:</i>	
4	Comment on whether the Equipment's identified are justified and relevant to the project:	
5	Comments on the need for revision of cost of Equipment/Manpower/other items identified in the proposal (Project approval and financial sanction takes a minimum of 6 to 9 months and hence likely increase in cost of equipment's, fluctuations in exchange rates and likely increase in Fellowship/Stipend of JRF/ SRF and Research Associates are expected to be factored in the proposal):	
6	Remarks on need for Industry / End user / Utility tie up:	
7	Comment on the scope of proposed project and its relevance to RSOP project:	

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8	Recommendations of reviewer : <i>(Please select suitable check box)</i>	<input type="checkbox"/> Recommended without modification <input type="checkbox"/> Recommended with suggested revision <input type="checkbox"/> Not recommended <input type="checkbox"/> Proposal may be revised and submitted for review
9	Specific comments of the reviewer for revision of the proposal:	
10	Views / comments of reviewer if any:	

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(Note: Above portion will be sent to the project leaders)

INFORMATION TO BE RETAINED BY THE RSOP OFFICE

The reviewer may kindly indicate his / her willingness to reassess the revised proposal Submitted by the project leader (*Please select suitable check box*):

Willing Not Willing

REVIEWER DETAILS:

1)Name :

2)Telephone No: STD Code: /

3)Fax No : STD Code: /

4)Mobile no. : +91 -

5)E-mail id :

6)Address for :
Communication

Signature of the reviewer	Date
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