|  |  |
| --- | --- |
| **Proje No** |  |

|  |
| --- |
| **Project Title:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.Project Time andBudget(€)** | | | |
| **Start Date** | **Duration(months)** | **Recommended(fill)** | **Approved(leave blank)** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Supporting other organizations** | **Contribution(€)** | **Signature** |
| Organisation 1 |  |  |
| Organisation 2 |  |  |

|  |  |  |
| --- | --- | --- |
| **2.Project Leader and Researchers**(Thissectionwill be expandedfor each researchers) | | |
| **Title, Name and Surname:** | | |
| **Employer** | Tel: | Fax: |
| **Address for correspondence:** | Tel:  Fax: | E-mail: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Graduation** | | **Year** | **Expertise field** |
| **B.Sc.** |  |  |  |
| **M.Sc** |  |  |  |
| **PhD.** |  |  |  |

**3. Abstract and Keywords:**

**(**Projecttitle, abstract andkeywordsshould be writtenhere.)

|  |
| --- |
| **Project Title :**Cisco Net Academy(Regional/Local) at EPOKA University |
| **Abstract** |
| **Keywords:** |

**4.Objective:**(State the purpose and outputsof project)

|  |
| --- |
| **Background(Aims or Objectives)** |

**5.Topics and Scope:**

|  |
| --- |
| Subject and scope: |

**6.Literature Summary:**

|  |
| --- |
|  |

**7.Original Value:**

|  |
| --- |
|  |

**8.CommonImpact/Added Value**: The benefits and the contributes towards the national economy, the socialwelfare and the scientificknowledge, as a result ofthe realization of the project, will be discussed.

|  |
| --- |
|  |

**9.Methodology:** (List of actions needed to be performed or precedures)

|  |
| --- |
|  |

**10.Management Plan:**

|  |  |  |
| --- | --- | --- |
| **NAME, LAST NAME, with TITLE** | Duities (leader/Researcher**)** | AVERAGETIME  (hours /week) |
|  |  |  |
|  |  |  |

Note: From the first batch of student might be prometed as Instructor and / or Reseource Managers depending on requirement.

**11.WorkSchedule:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work packages** | **MONTHS** | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
|  | x | x |  |  |  |  |  |  |  |  |  |  |
|  |  |  | x |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Conclusion and/or Report of result |  |  |  |  |  |  |  |  |  |  |  |  |

**12.Success Criteria and Plan B:**

|  |
| --- |
|  |

**13.Recommended Evaluators (Experts):**

|  |  |
| --- | --- |
| **Name and Title:** | **Address:** |
|  |  |
|  |  |

**14.BudgetandJustification:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Supporters** | **Equipment** | **Stationary** | **Service** | **Travel** | **Supportive staff** | **Total** |
| **From Ishik** |  |  |  |  |  |  |
| **Project Income** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

Approved by ISHIK(Leave blank)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Equipment** | **Stationary** | **Service** | **Travel** | **Supportive staff** | **Total** |
| **Adjusted Total** |  |  |  |  |  |  |

I declare that all of the information is correct and in accordance withthe rules andprocedures of Ishik University. I willaccept the decision of governig bodies and any comments given by scientificevaluation team of Ishik University.

**Project Leader Signature DATE**

**APPENDIXES**

**Appendix 1:**

**(**Detailed information about proposed equipment, service and travel expenses.)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Proposed Equipment List (\*)** | | | |
| NAME/MODEL | TOTALCOST | JUSTIFICATION FOR USE(\*\*) |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Proposed Stationary List (\*)** | | |
| Name | Total Cost |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Procurement Service List(\*)** | | |
| NATURE | WHERE TO/FROM | TOTALCOST |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 1. **Travel Expenses** | |
| **Travelling reason** | **Total Cost** |
| Conference |  |
| **...** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **List of Supporting Staff** | | | | |
| **ISSUE** | **Qualifications** | **Time (months)** | Montly Fee | Total |
| - | - | - | - | - |
| - | - | - | - | - |

(\*)Requiredequipment,relatedtechnicalspecificationsmust be includedwith theproformainvoiceorletter ofoffer.

(\*\*) Pleasecommentwhere necessaryadditionalpages.

**Appendix 2:**

(Attach CVs of Project leader and all researcher.)