



COUNCIL OF ARCHITECTURE
THE URBAN STUDIO RESEARCH PROJECT (USRP)

DECLARATION FORM

(To be printed, signed and stamped by head of the institution and submitted in original together with hard copy of the proposal to the Director, COA-TRC, Pune and scanned copy by email to director@coatrc.in on or before 26th August 11.59 pm)

Title of the Research Project Submitted:

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Name and address of the Educational Institution with Institute Code:

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Name and Address of the Principal Investigator

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Mobile Number and email Address of the Principal Investigator

Declaration (To be signed by Principal Investigator and Head of the Institution)

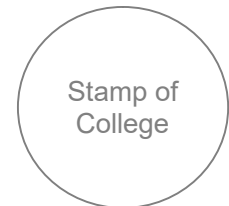
I/We declare that the proposal submitted for the COA Urban Studio Research Project is conceptualized by the faculty members of this college and that the proposal has been prepared by them.

I/We the undersigned certify that the contents of the proposal submitted by us is entirely our work and any material (quotations, phrases, images, drawings etc.) sourced from published and unpublished work of others has been duly acknowledged. Council of Architecture shall not be responsible for any issues arising out of this

I/We have complied with and accept all regulations and conditions which apply to the COA Urban Studio Research Project and accept the decision of the Core Committee.

I/We accept that Council of Architecture / COA-TRC may use the project submitted for the COA Urban Studio Research Project, in the publications regarding this project and for academic purpose in future.

Signature of the Principal Investigator



Signature of the Head of the Institute and stamp of the Institute:

Name

Designation Date Place



Council of Architecture
Training & Research Centre, Pune

Council of Architecture Training & Research Centre

Academic Wing of the Council of Architecture, New Delhi
2nd Floor, A-4(B), Abhimanshree, Off. Pashan Road, Pune 411008.
Tel: 0-9764-000-352; email: director@coatrc.in

COUNCIL OF ARCHITECTURE
THE URBAN STUDIO RESEARCH PROJECT (USRP)

REGISTRATION FORM

*(To be printed, signed and stamped by head of the institution
and submitted in original together with hard copy of the proposal to the Director, COA-TRC, Pune
and scanned copy by email to director@coatrc.in on or before 26th August 11.59 pm)*

We, the undersigned hereby submit the proposal titled:

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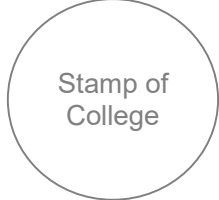
Name of the Educational Institution with Institute Code:

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Name of the Principal Investigator

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Sr .No.	Name of faculty members in Research Team	Designation	Mobile Number	E-mail Address
1.	Name of Principal Investigator			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Signature of Principal Investigator	Signature of the Head of the Institute and stamp of the Institute:	
	Name	
	Designation	
	Date Place	