How to Submit Proposal in Star College

Step 1.

- 1. How to fill Proposal in Star College then Please Follow the Step.
- 2. Go to the star.dbtindia.in Search in Browser.
- 3. Click On the Register Button then fill all the required field.

| DEPARTMENT OF BIOTECHNOLOGY | | Home | About | Login | Register |
|--------------------------------|----------------------------------|------|-------|-------|----------|
| | User Registration | | | | |
| | Please enter your UserName | | | | |
| | Enter display name | | | | |
| | Please enter your email ID | | | | |
| | Enter your email | | | | |
| | Please enter login password | | | | |
| | Enter login password | | | | |
| | Please confirm your password | | | | |
| | Enter confirm password | | | | |
| | QA d q t 3 2 Captcha Code | | | | |
| | Register | | | | |
| | Already have an account? Log in! | | | | |
| | | | | | |

Step 2.

1. After Register then Get Email And Password then Login.

| गि नेद्योद्योग्विनिमान Jan DEPARTMENT OF BIOTECHNOLOGY | | Home | About | Login | Register |
|--|----------------------------------|------|-------|-------|----------|
| | Login to your dashboard | | | | |
| | Please enter your email ID | | | | |
| | Enter your email | | | | |
| | Please enter login password | | | | |
| | Enter your password | | | | |
| | Forget password? | | | | |
| | I X 6 K I K 2 Captcha Code | | | | |
| | Login | | | | |
| | Don't have an account ? Register | | | | |

Step 3. Fill in all required college details, and then click the 'Add College Details' button.

| Name of the college* | College UGC number* | |
|--|---|---------------|
| Indian Institute of Technology | 7852 | |
| Nature of the college* | Location of College* | |
| Government | V RURAL | v |
| Establishment Very of College | Whather Autonomous body! | |
| 1898 | Na | ~ |
| Whether located in aspirational district | Affiliated to which University (Max 100 Cha | aracter]* |
| No | ▼ Test Only | |
| Status about Affiliation* | Wheather registered under 12(b) and 2(f) c | of the UGC ?" |
| Government | ✓ Yes | ~ |
| Application Status* Fresh Country* India | State* | • |
| District | City | |
| SOUTH WEST | South Delhi | |
| Complete Postal Address of college* South Delhi Pin code* 100044 | | h |

Step 4. Add the college details PDF. The 'Next' button will be shown only when all PDFs are uploaded otherwise the Next button will remain hidden.

| त्रे विभाग | Star College | |
|---|--|--|
| MENT OF CHNOLOGY | Programme | |
| Please upload only PDF file and File fidm | should not contain any special character. For Ex | ample. Generalmiormation.put |
| Upload document of location* | | |
| Choose File No file chosen | Upload | |
| Upload document of Affiliated to which University* | | |
| Choose File 🕜 No file chosen | Upload | |
| Diase Enclosed Documentary Evidence For registered | | |
| under 12(b) and 2(f) of the UGC.* | | |
| Choose File 🕦 No file chosen | Upload | |
| Dashboard | Add College Details | |
| Dashboard ମିଜିଜ୍ଞମ MENT OF ICHNOLOGY | Add College Details Star College Programme | |
| Dashboard ดิโต๊ษต MENT OF CHNOLOGY Please upload only POP me and File nam Upload document of location* | Add College Details Star College Programme e should not contain any special character, por | zxampie. Generalmiormation.put |
| Dashboard ฟิลิพศ MENT OF ICHNOLOGY Prease uproad only PDP me and File nam Upload document of location* Choose File () No file chosen | Add College Details Star College Programme e should not contain any special character. For Document for loc Uploaded | example. General monthation.put ation Click to view document File: |
| Dashboard المعلم MENT OF ICHNOLOGY Please upload only PDF me and rife nam Upload document of location* IChoose File کی No file chosen Upload document of Affiliated to which University* | Add College Details Star College Programme estication of contain any special character. For Document for loc Uploaded Affiliated to which | example: General montation.put ation Click to view document File: |
| Dashboard | Add College Details Star College Programme esticute not contain any special character. For Document for loc Uploaded Affiliated to which | example: General montation.put ation Click to view document File: university Click to view document File: File: Remove Remove |
| Dashboard | Add College Details Star College Programme estication any special character. For Document for loc Uploaded Affiliated to which Uploaded Evidence For regin | example: Certeramnonmation.put ation Click to view document File: to University Click to view document File: Effe: Stered under 12(b) and 2(f) of the UGC, Click to |
| Dashboard | Add College Details Star College Programme estication and special character. For Document for loc Uploaded Affiliated to which Uploaded Evidence For regis view document | example: General montation.put ation Click to view document File: DUniversity Click to view document File: Effer: Stered under 12(b) and 2(f) of the UGC, Click to Effer: Stered under 12(b) and 2(f) of the UGC, Click to |
| Dashboard | Add College Details Star College Programme Estione not contain any special character. For Document for loc Uploaded Affiliated to which Uploaded Evidence For regis view document | example: General montation.put ation Click to view document File: File: fi |

Step 5. Fill in all the Program Co-ordinator details, and then click the 'Add' button. All fields are required before adding.

| व्यप्रौद्योगिकी विभाग | Complete Program Star | me Co-ordinator De | etails | |
|--------------------------------|--------------------------|--------------------|---------------------|--|
| DEPARTMENT OF BIOTECHNOLOGY | Prog | | | |
| | | | | |
| Mobile Number* | | Phone Number | | |
| Co-ordinator DOB* | Designation* | | Name of Department* | |
| dd-mm-yyyy | | | | |
| Co-ordinator Address* | | | | |
| | | | | |
| | | | | |

Step 6. Add College Principle Details fields then Click Add Principle Button.

| শিक्षोधोर्गिकी विभाग DEPARTMENT OF BIOTECHNOLOGY | Star College Programme | ٩ |
|--|-------------------------------|---|
| ନ୍ତି Dashboard | | |
| | Add College Principal Details | |
| Name of College | Name of Principal* | |
| Indian Institute of Technology | | |
| Designation* | Email ID* | |
| College Principal | | |
| Mobile Number* | Phone Number | |
| | | |
| | Add Principal Details Reset | |
| | | |

Step 7. Add the College Principal details then the page will be displayed. After that click the Submit Proposal button to go to the next page. Select according to the Scheme Stage then click Submit

| প্রিক্ষ স্রীয়ারীদিকী বিশাশ দার্ম DEPARTMENT OF BIOTECHNOLOGY | Star College Programme | | ٩ |
|--|---|--|---|
| යි Dashboard | | | |
| You have <mark>0</mark> Pr | oposal, Click here to continue your submis | sion from the point where you left off. | |
| | Submit Proposal Submi | ted Proposal | |
| Schemes Guidlines U | Inder StarCollege Scheme | Terms And Conditions | |
| KEY POINTS | | | |
| The programme will rec the programme. After a expert committee. Deci | eive financial support initially for a period of 3 years. Further period of 3 years, the colleges would be eligible for consider sion of expert committee will be final. DBT will measure pro | r continuation of support will be based on evaluation of ration of Star College status based on evaluation by the gress by following parameters. | |
| Substantial increa Increased access o Improvement in a | se in proportion of 'hands on' experimental work by student of undergraduate students to laboratory and bioinformatics ccess to life sciences related journals. | s. infrastructures. | |

Select according to the Scheme Stage, then the 'Next' button will be displayed.

| | Select Scheme Stage |
|----------------------|-----------------------|
| Select Scheme Stage: | Stage-I |
| Star Scheme Name: | Star College Prgramme |
| College Location: | North Eastern Region |
| | Submit |

Step 8. Add the department details all fields are required. Then click the 'Add Department button. After that click the Laboratory tab and fill in the details.

| | | | | | Add De | rtment | |
|----------------------------|-------------|-------------|----------------|--------------|------------------|----------------------------|--|
| Name of Depa Programme* | tment for w | hich the su | pport is being | sought under | the Star College | Department Contact Person* | |
| Name of Degr | e Course* | | | | | Year of start of Course* | |
| Select | | | | | ~ | УУУУ | |
| Mobile Numbe | r* | | | | | Phone Number | |
| Email Id* | | | | | | Complete Address* | |

Step 9. Fill in the laboratory details, and then the total expenditure amount should be entered only once.

| | ry Faculties Students Technical Budget | Declaration |
|--------------------------------------|---|-------------------------------------|
| | Laboratories (details for propo | sed departments) |
| Department* | | penditure during the past 3 years * |
| Name of Department for which the sup | port is being sought under the Star College 💙 25600 | 0 |
| | Remain | ing Amount: 0.00 <mark>*</mark> |
| Name of equipment* | No. of equipment* | Year of purchase* |
| Laptop | 2 | 2024 |
| The second second B | Equipment Cost * | Total Equipment Cost* |
| Functional | | |

Step 10. Fill in the Laboratory Details then go to the Library tab. All fields are required.

| Department 🗸 Laboratory 🗸 L | ibrary Faculties Stu | udents Technical | Budget Decl | aration | |
|-------------------------------------|------------------------------|------------------|------------------|---------------|---|
| | | Lil | orary | | |
| Are there separate departmental lib | raries other than the Centra | al Library* | Computer Inter | net Facility* | |
| Yes | | ~ | Yes | | ~ |
| No. of Lecture Halls* | | | No. of Laborator | ies* | |
| 0 | | | 0 | | |
| Remarks (if any) | | | | | |
| | | | | | |

| inancial Year* | | | Amount (Rupees in lacs)* |
|----------------|---|------|--------------------------|
| 2024-25 | v | | 10000 |
| Select | | 1 | |
| 2020-21 | |) | Reset |
| 2021-22 | | | |
| 2022-23 | | nt t | t the last 3 years list |
| 2024-25 | | Ŀ | |
| 2025-26 | | | |

Step 11. Fill in the library details then go to the next tab to add faculty. All fields are required.

| Details about teacher in each participating department Department* Name of Faculty* | |
|--|---|
| Department* Name of Faculty* | |
| | |
| Select | |
| Type of Faculty* Qualification* | |
| SelectSelect | * |
| Area of Specialization* List of Publication in last five year 0 * | |
| Choose File 🕜 No file chosen | |
| R & D Projects received from different funding agencies indicating title, cost, duration,date of sanction,name of funding agencies.* | h |
| Details about service training for teacher of participating departments: | |
| Referesher Course last five years" Orientation Course last five years" | |
| Conferences/Symposia/Seminar/Workshop last five years* | |

Step 12. Fill in the faculty details, and then go to the next tab for student details. All fields are required.

| Department 🗸 Laboratory 🖌 Library 🗸 Faculti | es 🗸 Students Technical Budget Declaratio | n |
|---|---|-------------------------|
| | Add Student Details | |
| Department List* | Academic Year* | No. of Seats* |
| Select 🗸 | ΥΥΥΥ-ΥΥΥΥ | 0 |
| Mode of Selection* | No. of Students Admitted* | No. of Passed Students* |
| | 0 | 0 |
| No. of General Students* | No. of SC Students* | No. of ST Students* |
| 0 | 0 | 0 |
| No. of OBC Students* | No. of Male Students* | No. of Female Students* |
| 0 | 0 | 0 |

Step 12. Fill in the student details, and then go to the next tab to fill in the technical details. All fields are required. When all fields are filled, the Next button will be displayed.

| | Laboratory | Library | Faculties 🗸 | Students 🗸 | Technical Bu | dget Decla | aration | | |
|---|--|---|--|--|---|---|-------------------|-----------------------|---------|
| | | | | Add Te | echnical Det | ails | | | |
| (1) Departm | ent* | | | | | | | | |
| Name of | Department for w | hich the support is | s being sought und | der the Star Colleg | je Programme | | | | |
| (2) Half pag | e executive sumr | mary indicating r | elevance and exp | ected outcome | | | | | |
| | | | | | | | | | |
| (3) Specific | objectives* | | | | | | | | |
| | | | | | | | | | |
| (/) Measure | s to be adopted t | o enhance hench | h skills of student | s project work s | ummer training and | industrial trai | | sures Student P | ostaile |
| (4) measure | s to be adopted t | to ermance bench | Takina of acudent. | s, project work, s | | | | isures student E | |
| # | Department | | Measures Detail | S | Year | No of I | Beneficiaries | | Action |
| | = | Department | Measures | Details | Year | No of Benefic | iaries | Acti | on |
| | (5A) Measure | es to be under taken t | o upgrade skills of faci | Ity by participation ir | n faculty improvement pr | ogram (Ist Year)* | | | |
| | | | | | | | | | 11 |
| | (5B) Measure | es to be under taken t | o upgrade skills of fac | ulty by participation in | n faculty improvement pr | ogram (2nd Year)* | | | |
| | | | | | | | | | 1. |
| | (5C Measure | s to be under taken to | o upgrade skills of facu | Ity by participation in | faculty improvement pro | igram (3rd Year)* | | | |
| | (6) Appropria | ate modifications prop | posed in curriculum to | cover laboratory expe | osure to students and IPF | and biosafety issu | Jes* | | 1 |
| | | | | | | | | | |
| | (7) Practicals equipment o | s proposed to be unde or costly consumables | ertaken by the college . New equipment prop | within prescribed cu osed to be purchased | rriculum of the university d to be correlated with ne |), practicals which w additional pract | could not be cond | lucted earlier due to | lack of |
| | | | | | | | | | |
| | (8) No. of ber | neficiaries* | | | | | | | |
| | | | | | | | | | |
| | (9) Proposed | activities for laborate | ory staff.* | | | | | | |
| | (9) Proposed | l activities for laborato | ory staff.* | | | | | | |
| | (9) Proposed | l activities for laborato | v (details of lecture & p | racticals to be covered | d in each department)* | | | | 10 |
| | (9) Proposed (10) Involven | activities for laborate | yy staff.* / (details of lecture & p | racticals to be covered | d in each department)* | | | | ii ii |
| (B) N | (9) Proposed (10) Involvem | l activities for laborato | ry staff.* r (details of lecture & p | racticals to be covere | d in each department)* | | | | li li |
| (8) N (9) Pi | (9) Proposed (10) Involvem | activities for laborato | ry staff.* r (details of lecture & p | racticals to be covered | d in each department)* | | | | |
| (8) N (9) Pi | (IO) Involven (IO) Involven O, of beneficiaries* | activities for laborato | ry staff.* | racticals to be covered | d in each department)* | | | | |
| (8) N (9) Pa (10) II | (10) Involvem (10) Involvem coord activities for la | activities for laborato | ry staff.* / (details of lecture & p // details of lecture & p // re & practicals to be co | racticals to be covered | d in each department)* | | | | |
| (6) N (9) P (10) D | (0) Proposed (0) Proposed (0) Involvent (0) Involvent oposed activities for la nvolvement of visiting 1 melines for activities (1) | activities for laborato | y staff.* (details of lecture & p ire & practicals to be co demic session indicati | racticals to be covered version of proposed cours | d in each department)* entj* | + Time Line Deval | 3 | 8 | |
| (8) (4) (4) (9) (1) | (10) Involvem (10) Involvem (1 | activities for laborato | r (details of lecture & p (details of lecture & p re & practicals to be co demic session indicatir | racticals to be covered vered in each departm g no. of proposed cou | d in each department)* ent)* rses, no. of beneficiaries (No. of beneficiaries | + Time Line Detai | is j instines | Action | |
| (8) N (9) P (10) I (11) T (11) T (11) T (12) F | (10) Involver (10) Involver (1 | activities for laborato | ry staff.* (details of lecture & p (details of lecture | racticals to be covered vered in each departm g no. of proposed cou | d in each department)* ent)* rses, no. of beneficiaries (No. of beneficiaries | + Time Line Detail | is imellnes | Action | |
| (6) (8) (9) (9) (10) 10 (11) 71 (11) 71 (12) 12 (12) 12 | (IO) Involvem (IO) Involvem (IO) Involvem (IO) Involvem roposed activities for la melines for activities li Department roposed Outreach* | activities for laborato nent of visiting faculty aboratory staff.* faculty (details of lectu isted at 3-5 in each aca Type of the Act | ry staff." (details of lecture & p ire & practicals to be co demic session indicatir tivity Pr | racticals to be covered vered in each departm g no. of proposed cou | d in each department)* eent)* rses, no. of beneficiaries (No. of beneficiar | + Time Line Detai | is j imelines | Action | |
| (8) M (9) P (10) I (11) T (11) T (12) F | (10) Involver (10) Involver (1 | activities for laborato | ry staff.* (details of lecture & p (details of lecture & p (details of lecture & p (demic session indicatir (demic sessio | racticals to be covered wered in each departm og no. of proposed cou sposed Courses | d in each department)* ent)* rses, no. of beneficiaries (No. of beneficiaries | + Time Line Detail | is imelines | Action | |
| (8) N (9) P (0) 1 (1) T (2) P | (IO) Involvem (IO) Involvem (IO) Involvem roposed activities for la melines for activities li Department roposed Outreach* | activities for laborato | ry staff." (details of lecture & p (details of lecture & p (details of lecture & p (demic session indication (demic session (demic session indicatio | racticals to be covered wered in each departm g no. of proposed cou apposed Courses | d in each department)* ent)* rses, no. of beneficiaries (No. of beneficiar Reset List | + Time Line Detai es T | is) imelines | Action | |

Step 13. Fill in technical details, and then go to the next tab to fill in the Budget Details. All fields are required. When all fields are filled, the Next button will be displayed.

| Department v | Laboratory 🗸 | Library 🗸 | Faculties 🗸 | Students 🗸 | Techn | ical 🗸 🛛 Bud | get Declaration | | | |
|---------------|--|---------------------------------------|----------------------|----------------|--------------|-----------------|------------------|---------------|-------------|-------------|
| | Gra | nts-In-Aid C | apital Asse | ets Departm | ent Wise | e: (Put indiv | vidual table for | r each Depa | artment) | |
| Department | | exceeding is | | i doi per de | | | | eupment, | with cost | <u>.</u> |
| Select- | | | ~ | quipment Deta | 115. | | | | No file cho | osen |
| | | | | | | | | | / | |
| Unit Cost* | | | | otal Quantity* | | | 10 | al Cost* | | |
| | | | | Add Non-Re | curing Budg | get R | eset | | | |
| | | | | | | | | | | |
| | | | | Grants- | In-Aid Capi | tal Assets Deta | lls | | | |
| | | | | Grant | s-In-Aid Ca | pital Assets De | tails | | | |
| # ** | Department | | | Equipmen | t Details | Unit Cost | Total Quantity | Total Cost | Quotatio | n Action |
| ١ | Name of Departm being sought und Programme | nent for which t der the Star Coll | he support is ege | Equipmen | t Details | 12.00 | 12000 | 144000.00 | PDF | Edit Delete |
| | | | | | | | | | | |
| | | Grants-In-A | id General | (Please cor | mplete t | his form th | ree times for | each depai | rtment.) | |
| Departmen | t• | | | Year* | | | | Amount* | | |
| Name of | Department for whi | ch the support is | beir 💙 | 1st year | | | ~ | 500000 | | |
| Justification | e | | | | | | | | | |
| ary | | | | | li | | Add Re | curing Budget | | eset |
| | | | | | Grants-In- | Aid General | | | | |
| # | Department | | Ye | ar | Amount | | Justificatio | n | | Action |
| | | | | | | | | | | |
| | | | | Trav | vel + Men | toring budg | get | | | |
| Year* | ~ | 200000 | | | | | | | | Add |
| | | | | | | | | | h | |
| | | | | Irave | ei + Mentori | ng buaget det | alis | | | |
| # | Year | | Amount | | | Justification | | | Actio | n |
| _ | | | | | | | | | | |
| ary | | | | Conting | ency bud | get per yea | r 1 lakh | | | |
| | | | | Contin | gency bu | ıdget per y | ear 1 lakh | | | |
| Year* | | Amount* | | Justification* | | | | | | |
| lst yea | ~ | 100000 | | | | | | | | Add |
| | | | | | Contingen | cy budget deta | iils | | | |
| | Year | | Amount | | | Justificatio | n | | Act | ion |
| # | | | | | | | | | | |

Step 14. Fill in Budget Details, and then go to the next tab Declaration. All fields are required. When all fields are filled, the Next button will be displayed.

| Department 🗸 | Laboratory 🗸 | Library 🗸 | Faculties 🗸 | Students 🗸 | Technical 🗸 | Budget 🗸 | Declaration |
|-------------------------------------|--|-----------------------|--------------------------|-------------------|--------------|----------|---------------|
| | | | | C | Declaration | | |
| ClicClic | k to view ar | nd print Ferms And | Declaratio d Conditio | n/Certifica ns | <u>tion</u> | | |
| Upload I (Principl | Declaration doc e & Co-PI)* e File ① No file | ument sign | ed by compe | tent authorit | у. | | Upload File |
| 🗆 l agree | to the terms a | nd conditio | Proposal Pre | eview | Final Submit | | Edit Proposal |

Then edit the proposal and click the Edit button or click Final Submit.

| Proposal Submitted | l Submitted |
|--|-------------|
| Proposal Submitted | |
| Dranasal submission dana successfully your proposal number: 97 furth | |
| more details please check your mail. | er |
| Close | |

| | | | | | | | Back |
|------|--------------------------|------------------|-----------------------------------|----------------------|-----------------|-----------------------|-----------|
| ‡ ≁⊧ | Scheme Name | Stage / Location | College Name | Principle Name | Submission Date | Status | Detail |
| | Star College Prgramme | Stage-I / RR | Indian Institute of Technology | NAME OF PRINCIPAL | 03/03/2025 | Proposal Submitted | © Details |
| | | | | | | | |

Step 15. When Details is Edit College Details then Go to the Dashboard and then College Details.

| जैवप्रौद्योगिकी वि Market DEPARTME BIOTEC | мил NT OF HNOLOGY | Star College Programme | | | |
|---|--------------------------------|-----------------------------|--------------|--|--|
| | | | A My profile | | |
| | | | | | |
| | | 🕲 Request For Chang | e Principle | | |
| | | | | | |
| | Programme Co-ordinator Details | 🗧 Sign Out | | | |
| | Program Co-ordinator Name | : PROGRAM CO-ORDINATOR NAME | | | |
| | Co-ordinator DOB | : 22/06/2000 | | | |
| | Co-ordinator Designation | : Designation | | | |
| | Co-ordinator Email ID | : test@gmaoil.com | | | |
| | Co-ordinator Mobile No. | : 8956895689 | | | |
| | Co-ordinator Phone No. | : 8956895689 | | | |
| | Co-ordinator Address | : Delhi | | | |