

**APPLICATION FORMAT FOR SUBMISSION OF RESEARCH PROPOSAL/PROJECT FOR APPROVAL
OF THE LOCAL RESEARCH ADVISORY COMMITTEE OF THE MEDICAL COLLEGE/INSTITUTE
UNDER THE MULTI-DISCIPLINARY RESEARCH UNIT(MRU)**

1. Name of the Medical college/Institute of the Multi-Disciplinary Research Unit(MRU)			
2. Project Title			
3. Specific Area of the proposed research (Non-Communicable Disease only)			
4. Type of Study (Cross-Sectional/Case-Control/Cohort/Quasi Experimental Study/Implementational Research/RCT/Meta-analysis and Systematic Review)			
5. Please specify whether the project is Multidisciplinary/Multicentric or having International collaboration			
6. Objective of the study			
7. Background			
8. Literature Review			
9. Aims and significance of the project			
10. Plan of work, methods and techniques to be used			
11. Time-table or milestones	Objective	Timeline	

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12. Deliverables (Out Come) (Apart from reports/papers; identify any products, technology, process etc. to be delivered at the end of the project)	
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13. Principal Investigator (PI):

a. Title: b. Name:	
c. Full Official Address	
Mobile/Telephone Fax E-mail	
d. Position	
e. Date of Birth f. Highest Degree University/Institute Date	
g. Total time to be devoted to project (in man months per year)	

14. Other participants (give name, address, and highest qualification for each of the co-principal-Investigator) (CO-PI):

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15. Names and addresses of other research scientists actively engaged in the general area of the proposed research:

(1)	(2)
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16. List not more than 10 of your publications with full bibliographic details/reports/patents or other documents in the last 5 years
Attached as Annexure 1.

17. Proposed budget:

Budget items	Amount requested-		
	1 st year	2 nd Year	Total
(a) Supportive Staff			
(b) Contingency: (c) Consumables, (d) Travel: Any other: please check the Annexure-II attached Institutional overhead charges @5%			
(e) Equipment			
(f) Total			

18. Utilization of available institutional facilities:	a.
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19. Research support availed/being availed/applied for by the PI from different sources, like Department of health Research (Grant-aid-scheme), ICMR (Extra Mural), CSIR, DST/DBT etc:

Grant agency	Title of the project-and reference number	Duration (from mm/yy to mm/yy)	Amount in lakh Rs.

20. Declaration and attestation

We certify that all the details declared here are correct and complete. 1. Signature of PI 2. Signature of CO-Is	Date: Date:
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21. Certificate of the heads of the department and institution:

We have read the terms and conditions of MRU scheme. The necessary institutional facilities are available

and will be provided for the implementation of these research proposals. Full account of expenditure will be rendered by institution early.

<p>Name of the Head of the institution/medical college:</p> <p>Signature with date:</p> <p>Seal:</p> <p>HOD of The Department:</p> <p>Signature with Seal</p>	<p>Name of the Nodal officer of the MRU:</p> <p>Signature with date:</p> <p>Seal:</p>
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<p>22. Recommendations of the Research advisory committee:</p>	<p>Signature of the Chairman of RAC:</p> <p>_____</p>
<p>23. Recommendations/Suggestions of the National Level Advisory Committee:</p>	<p>Signature of the Chairman of NAC:</p> <p>_____</p>

References