

Annexure-II

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

1.Name of the Medical College/Institute of the Multi- Disciplinary Research Unit (MRU)	
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2. Project Title	
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3. Specific Area of the proposed research (Non Communicable Disease only)

4. Objective of the Study	
5. Aims and significance of the project	

6. Plan of work, methods and techniques to be used	
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7. Time-table or milestones	
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8. Deliverables (Apart from reports/papers; identify any products, technology, process etc. to be delivered at the end of the project)	
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9. Principal Investigator (PI):

a. Title : Prof/Dr/Mr./Ms	Sex M/F
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)	

10. Other participants (give name, address, and highest qualification for each of the Co-Principal- Investigator) (CO-I):

1.	2.
3.	4.

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

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

13. Proposed budget (To be utilized from within the MRU budget):

Budget items	Amount requested in Rs.		
	1 st Year	2 nd Year	3 rd Year
(a) Staff			
(b) Contingency/Consumables, etc (Broad details):			
Travel:			
Any other:			

(c) Equipment (item wise)	1" Year	2" Year	3" Year
1.			
2.			
(d) Total			
14. Utilization of Available institutional facilities:			

15. 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.

16. Declaration and attestation:

We certify that all the details declared here are correct and complete.	
1. Signature of PI	
2. Signature of CO-	
Is (a)	_____
(b)	_____
(c)	
(d)	

15. 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 this research proposal. Full account of expenditure will be rendered by the institution yearly.	
Name of the head of the Institution/medical college	Name of the Nodal Officer of the MRU
Signature with date :	Signature with date :
Seal :	Seal :

18. Recommendations of the Research Advisory Committee:	Signature of the Chairman of RAC:
19. Recommendations/Suggestions of the National Level Advisory Committee:	Signature of the Chairman of NAC:

FORMAT OF QUARTERLY PROGRESS REPORT ON RESEARCH PROJECT
INITIAITED UNDER MULTI-DISCIPLINARY RESEARCH UNIT (MRU) IN THE
GOVERNMENT MEDICAL COLLEGE, KOTA

1. Project Title:
2. Pincipal Investigator (P.I.) (Name & Address):
3. Mentor (Name & Address):
4. Broad area of Research
 Sub Area
5. Approved Objectives of the Proposal:
 Date of Start:
 Total cost of Project:
 Date of completion:
 Expenditure ason _____
6. Methodology:
7. Salient Research Achievements:
 Summary of Progress
 New Observations:
 Innovations:
 Relevance in Public Health
 Any other
8. Research work which remains to be done under the project (for on-going projects)
9. Research Publications arising out of the present project:
 List of Publications from this Project (including title, author(s), journals & year(s),
 Impact factor, ISSN No

 Papers published only *in* cited Journals (SCI)
 Papers published in Conference Proceedings, Popular Journals etc.

 Patents filed/ to be filed:

10. Major Equipment (Model and Make)

Sanctioned List

Procured

Note: In case only the infrastructure/ facilities/staff of MRU is utilized, give the details to the extent possible if details of actual expenditure incurred are not possible.

<p>1. Signature of PI</p> <p>2. Signature of Co-Is</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>	<p>Date:</p> <p>Date:</p> <p>Date</p> <p>:</p> <p>Date:</p> <p>Date</p> <p>:</p>
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Countersigned by:	
Name of the head of the Institution/medical college	Name of the Nodal Officer of the MRU
Signature with date :	Signature with date :
Seal :	Seal :