

ANNEXURE-I

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)	Indira Gandhi Medical College, Shimla
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2. Project Title	
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3. Specific Area of the proposed research (Non Communicable Disease only)
Non-communicable diseases

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)	Nil
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9. Principal Investigator (PI):

a. Title : Dr b. Name :	Sex Male
c. Full Official Address	
Mobile/Telephone Fax E-mail	
d. Position	Professor and Head
e. Date of birth	
f. Highest Degree University/Institute	
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. Dr.	2.
3. Dr.	4. Dr.

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: List attached as annexure -IV

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	nil		
(b) Contingency/Consumables, etc (Broad details): Travel: Any other:			
(c) Equipment (item wise)			
(d) Total			

14. Utilization of Available institutional facilities:	MRU -IGMC
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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: NA

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.	
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1. Signature of PI	Date:
2. Signature of CO-Is	
(a)	Date:
(b)	Date:
(c)	Date:
(d)	Date:

17. 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
INDIRA GANDHI MEDICAL COLLEGE SHIMLA**

- 1. Project Title:**
- 2. PI (Name & Address):**
- 3. Mentor (Name & Address):**
- 4. Broad area of Research :**
 - 4.1 Sub Area
- 5. Approved Objectives of the Proposal:**
 - 5.1 Date of Start:
 - 5.2 Total cost of Project:
 - 5.3 Date of completion:
 - 5.4 Expenditure as on Total =
- 6. Methodology: Setup and study design:**
- 7. Salient Research Achievements:**
 - 7.1 Summary of progress
 - 7.2 New observation
 - 7.3 Innovation
 - 7.4 Relevance in public health
 - 7.5 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 publication from the project (including title , author(s) , journals & year(s) , impact factor ,ISSN No

 - 9.1 Paper published only in cited journals (SCI)
 - 9.2 Paper published in Conference Proceeding , Popular Journals etc .
 - 9.3 Paper filed / to be filed
- 10. Major Equipment (Model and Make)**

10.1 Sanctioned list

10.2 Proured

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.

1. Signature of PI	Date:
2. Signature of CO-Is	
(a)	Date:
(b)	Date:
(c)	Date:
(d)	Date:

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 :

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