

INSTITUTIONAL RESEARCH GRANT FORM

1. NAM	E OF COLLEGE/INST	ITUTE:		
2. PRIN	CIPAL INVESTIGATO	R:		
a) Nam	e:			
b) Appo	intment/Designation: _			
Attach (CV (highlighting qualific	ation, Research cont	ribution includi	ng publications in
Journal	s, international/local co	nferences, no. of sec	ured grants and	d others)
3. CO-F	PRINCIPAL INVESTIG	ATOR (CO-PI):		
a) Nam	e:			
b) Appo	intment/Designation:_			
Attach (CV (highlighting qualific	ation, research contri	ibution includin	g publications in
journals	s, international/local cor	nferences, no. of secu	ired grants and	l others)
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	ORE THAN TWO INVE			E INVOLVED IN
	ROJECT THEN FILL IN			
S. No.	Investigator Name	Academic Title / Designation	Department	Signature
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2.				
3.				
4.				
5.				

5. DETAILS OF THE RESEARCH PROJECT:			
a) Title:			
b) Main field of study:			
c) Background of the study (□150 words):			
d) Objectives:			
e) Methodology:			
6. BUDGET:			
a) Total Cost of Project:			
b) Details of Cost breakdown:			
c) Fund requirements year-wise:			
7. DURATION OF PROJECT:			
a) Starting Date:			
b) Completion Date (anticipated):			
8. OUTLINE THE WORK ALREADY DONE IN THE PROPOSED FIELD OF			
RESEARCH:			
9. WHAT IS DIFFERENT ABOUT YOUR WORK, WHICH HAS NOT BEEN DONE			
BEFORE?			
10. NUMS IRB & Ethic Committee APPROVAL? (MANDATORY BEFORE			
RELEASE OF FUNDS):			
Yes □No □			
11. OUTLINE THE RESEARCH FACILITIES TO BE USED:			
12. RESEARCH OUTCOMES:			
a) Outline how your research will translate into benefit for patients/individuals/			
Community.			
b) Does your research lead to the development of a diagnostic test or therapy?			

c) Would your research have business potential?

Status of the Project (Tick the relevant from the following). New					
b. Extension of existing project (write title of previous project)					
c. Modification of previous project (write title of previous project)					
Name & Signature of PI:	Name & Signature of Co-PI:				
Sign & Stamp of Head of Dept.					
4. Remarks by Dean/Principal/Comm	mandant of Constituent/Affiliated Institutes:				