

**APPLICATION FORMAT FOR SUBMISSION OF RESEARCH PROPOSAL/PROJECT FOR APPROVAL OF THE
RESEARCH ADVISORY COMMITTEE OF SETH GS MEDICAL COLLEGE & KEM HOSPITAL MULTI-
DISCIPLINARY RESEARCH UNIT (GSMC-MRU)**

Page | 1

- 1) Project Title
- 2) Specific Area of the proposed research (Non communicable Disease only)
- 3) Objective of the Study
- 4) Aims and significance of the project
- 5) Impact on health care practices and various health indicators of the state
- 6) Plan of work, methods and techniques to be used
- 7) Time table or Milestones
- 8) Deliverables (Apart from reports/ papers, identify any products technology, process etc. to be delivered at the end of the project)
- 9) Details of the Principal Investigator
 - Name
 - Official Address in Full
 - Mobile
 - Fax
 - E mail
 - Position
 - Date of birth
 - Highest degree [include University and Institute]
 - Total time that will be devoted to the project [man months per year]
- 10) Other participants (give name, address and highest qualification for each of the co-principal investigator (Co-I)
 - Name
 - Official Address in Full
 - Qualification
 - Degree
 - Institution
- 11) Name and address of other research scientists actively engaged in the general area of the proposed research

12) List not more than 10 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):

Page | 2

Budget items	Amount		
	1 st year	2 nd year	3 rd year
Contingency			
Consumables [broad details]			
Any other			

14) Utilization of available facilities

Institutional	
GSMC MRU	
Any other	

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 mm/yy to mm/yy	Amount in lakhs

16) Declaration and attestation

We the undersigned hereby certify that the above mentioned details are accurate and complete

Signature of PI

Date

Signature of all Co-Is

Date

17) Certificate of the Head of Department / GSMC-MRU

We have read the terms and conditions of MRU scheme. The necessary facilities are available and will be provided for the implementation of this research proposal. Full account of the expenditure will be rendered by the institution yearly.

Name of PI, Signature and Seal

Name of Head of Department, Signature and Seal

18) Recommendations of the Research Advisory Committee

Signature of Chairperson Research Advisory Committee

19) Head of GSMC- MRU, Signature and Seal