SUBMISSION OF RESEARCH PROPOSAL FOR APPROVAL OF THE LOCAL RESEARCH ADVISORY COMMITTEE OF THE MEDICAL COLLEGE-IGMC SHIMLA UNDER THE MULTI-DISCIPLINARY RESEARCH UNIT (MRU)

- 1. Project Title:
- 2. Specific Area of the proposed research: Communicable/Non-communicable
- 3. Research question:
- 4. What is already known and lacuna/gap in the literature on the topic in question:
- 5. How and what new/additional information will be added by the research to fill the gap in the current knowledge of the topic:
- 6. Aims and objectives of the proposed research:
- **7. Plan of work, methods and techniques to be used (**mention all that is applicable like: study design, population, inclusion and exclusion criteria, sample size, intervention, group allocation strategy, randomisation, observation variables and statistical methods) (Please check the respective study reporting guidelines available on www.equator-network.org)
- 8. Time-table or milestones of the project:
- **9. Deliverables** (Apart from reports/papers; identify any products, technology, process etc. to be delivered at the end of the project)
- 10. Principal Investigator (PI):

a. Title: Dr.

b. Name: Sex: Male/Female

c. Full Official Address:

Mobile/Telephone:

Fax, E-mail

- d. Position
- f. Highest Degree University/Institute:
- g. Year of retirement (PI should not be retiring before the completion of the project otherwise he/she should nominate other Co-PI as PI):
- 11. Other participants (give name, address, and highest qualification for each of the Co-Principal-Investigator) (CO-PI): (i)
 - (ii).
 - (iii).
 - (iv).

12. Proposed budget (MRU budget):

| Budget items | Amount requested in Rs. | | | Total |
|---------------------------|-------------------------|----------------------|----------------------|----------------|
| | 1st Year | 2 nd Year | 3 rd Year | amount (Rs) |
| (a) Staff | | | | |
| (b) | | | | |
| Contingency/Consumables, | | | | |
| etc (Broad details): | | | | |
| Travel: | | | | |
| Any other: | | | | |
| (c) Equipment (item wise) | | | | |
| (d) Total | | | | |

13. Utilisation of Available institutional facilities:

- 14. 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.

| 1 | 5 | Declara | tion | and a | attests | ıtion• |
|---|---|---------|--------|-------|---------|---------|
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(ii). (iii).

We certify that all the details declared here are correct and complete.

Signature of PI date:
Signature of CO-PI date:

16. Recommendations of the Research Advisory Committee:

Signature of the Chairman of LRAC