**Application for Grant – In – Aid for Advanced Research Projects for the year 2021-22**



**RajivGandhiUniversity of Health Sciences, Karnataka**

**4th T Block, Jayanagar, Bangalore – 560 041**

**The candidates shall upload the application and also need to send the hardcopy. The Principal Investigator, Co-Investigator and Head of the Institute shall affix their seal and signature only in the Section A. Section B should not contain the signature or any other mark or information which reveals the identity of the candidate.**

**Please note that the application for research grants shall be uploaded in the following link:**

[**www.rguhs.ac.in/AdvanceResearch.htm**](http://www.rguhs.ac.in/AdvanceResearch.htm)

**The applications sent by email or any other mode will not be considered**

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| **APPLICATION FOR GRANTS – IN - AID FOR ADVANCED RESEARCH PROJECT FOR THE YEAR 2021-22** |
| (Please refer the instructions in the notification before filling the application)  (**Each section (Section A and Section B ) duly filled and signed should be separately converted to PDF form (Two different files of Section A and Section B) and afterwards should be uploaded in** [**www.rguhs.ac.in/AdvanceResearch.htm**](http://www.rguhs.ac.in/AdvanceResearch.htm) **which is mandatory**) |
| SECTION A |

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| Faculty: | * Medical * Dental * Ayurveda * Homoeopathy * Unani * Natutopathy & Yoga | * Pharmacy * Nursing * Allied H.S. * Physiothrapy * Others (specify) | Paste Passport Size Photo of Principal Investigator |
| Participation in Research Methodology workshop | **Participated in the Research Methodology Workshop?** | * Yes * No | Paste Passport Size Photo of First Co-Investigator |
| Faculty with two Research Publications in Indexed Journals or Faculty with Research methodology workshop certificate obtained from any other organization, Faculty with Ph.D qualification or teaching faculty who have received grants earlier either from the University or from any other funding agency are exempted from this pre-requisite clause. (Pls enclose the documentary proof) | |

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| 01 | Title of the research project |  |
| **Details of Principal Investigator** | | |
| 02 | Name ,Designation and college address of Principal Investigator. |  |
| 03 | Contact details of Principal Investigator | Mobile No.+91-  Land line No (s).  FAX No.  Email id: |

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| **04** | Research Experience (as Research Officer/JRF/SRF/any others) | |
| **Duration** | **Institution** | **Particulars of work done** |
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| **05** | Details of the present employment: Permanent / Temporary  If permanent, give details  ( RGUHS TIN NO: ) |  |
| **06** | Research specialization  (Major scientific fields of interest) |  |
| **07** | Original research publications made in the last 5 years, with titles and References including papers in press in indexed national / international journals (Enclose copies of the already published papers) |  |
| **08** | Financial support received for any other research proposals   * 1. From RGUHS Past Present Pending   2. From other sources Past Present Pending |  |
| **Details of Co-Principal Investigator (Use separate sheet, if more than one Co-PI is opted for)** | | |
| 09 | Name , Designation & college address of Co- Investigator |  |
| 10 | Contact details of Co- Investigator | Mobile No.+91-  Land line No (s).  FAX No.  Email id: |

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| **11** | Research/Training Experience |  |
| **Duration** | **Institution** | **Particulars of work done** |
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| **12** | Details of the present employment: Permanent / Temporary  If permanent, give details |  |
| **13** | Research specialization (Major scientific fields of interest) |  |
| **14** | Original research publications made in the last 5 years, with titles and References including papers in press in indexed national / international journals (Enclose copies of the already published papers) |  |
| **15** | Financial support received for any other research proposals   * 1. From RGUHS Past Present Pending   2. From other sources Past Present Pending |  |

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| 16 | Duration of the Research Project (Should not exceed 2 years from the date of receipt of 1st installment of grants-in-aid from RGUHS) |  | |
| 1. Period required for collection of data |  | |
| 1. Period required for analysis of data and submission of project report |  | |
| 17 | Total budget required for conducting the proposed research (Shall include expenditure from all heads) | Rs. | |
| 18 | Institution responsible for the research project |  | |
| 19 | Address of the Institute |  | |
| 20 | Details of Institution | | |
| 1. Name & designation of the Head of the Institution |  | |
| 1. Contact details | 1. Mobile No. 2. Landline Nos. 3. FAX No. 4. Email id: | |
| 21 | Furnish the details of Institutional Ethical Committee (IEC) / Institutional Animal Ethical Committee (IAEC) clearance as required below: | | |
| **I.Experimentation of Human** |  | |
| 1. Does the Research Project involve study on humans? |  | |
| 1. If Yes, has the Institutional Ethical Committee Clearance (IEC) obtained? |  | |
| 1. If Yes, enclose a copy of the certificate & the names / designations of the Institutional Ethical Committee members approving the said research project |  | |
| 1. Whether Institutional Ethics Committee constitution is as per apex body guidelines and whether IEC is registered with CDSCO? Give details with relevant enclosures. |  | |
| 1. Is this a clinical trial? If yes, please give the Clinical Trial Registration India (CTRI) number with the date and enclose a copy of the same. |  | |
| **II.Experimentation of Animals** |  | |
| 1. Does the Project involve experimentation on Animals? If Yes, name the animals and their number involved in experimentation |  | |
| 1. Has the Institution Animal Ethical Committee (IAEC) is registered with CPCSEA, New Delhi for conducting experimentations on animals? If yes, please provide the details and enclosed the copy of the registration of IAEC with CPCSEA |  | |
| 1. Enclose a copy of the validity of registration certificate (period / duration with dates) given by CPCSEA to the Institution for carrying out animal experimentation |  | |
| 1. For the said project whether Institutional Animal Ethical Committee has given clearance for conducting experimentation on animals? If yes, enclose a copy of the Institutional Ethical Committee approval. IAEC approval should have the signatures of :   1. CPCSEA Main nominee  2. Chairman &  3. Member Secretary of IAEC |  | |
| (Please note that research projects involving experimentation on animals should necessarily have CPCSEA registration for the institute and Institutional Animal Ethical Committee shall be constituted as per the guidelines issued by CPCSEA and shall be approved by IAEC) | | |
| 22 | Is radio tagged material proposed to be used in the project either for clinical trials or experimental purposes? If so, whether clearance from Nuclear Medicine Committee, Babha Atomic Research Centre, Mumbai is obtained? (Copy to be attached) | Yes / No | |
| 23 | Projects involving recombinant DNA/Genetic engineering work should be examined and certificate by the Institutional Biosafety Committee (IBSC) to be enclosed. Guidelines for constitution of IBSC can be obtained from Secretary, Department of Biotechnology, CGO Complex, Lodhi Road, New Delhi-110003. | Enclosed / Not enclosed / Not applicable | |
| 24 | If the study is not involving any human or animal experimentation, then a letter addressed by the Principal informing that no human or animal experimentation is involved shall be submitted. | Submitted/Not submitted | |
| 25 | The Institution where the study is being done should ensure that there is no conflict of interest (financial or otherwise) by the investigators. Letter from the institution in this regard to be enclosed. | Enclosed / Not enclosed / Not applicable | |
| **DECLARATION AND ATTESTATION** | | | |
| a) | I/We have read the terms and conditions for RGUHS Research Grant. All necessary Institutional facilities will be provided if the research project is approved for financial assistance | | |
| b) | I/We agree to submit within one month from the date of completion of the project the final report. | | |
| c) | I/We agree to submit audited statement of accounts duly audited by the auditors/ Registered Chartered Accountants of the Institution | | |
| d) | It is certified that the equipment(s) required for the research project are available in the Institute/Department. If the equipments are not available the necessary tests required for the research project shall be done on cost per test basis outside the institution from an accredited / reputed / reference laboratory | | |
| e) | All co-operation and co-ordination will be provided to the team of RGUHS as and when it visits the institution to monitor the progress of the Research project | | |
| f) | If the project is not completed for whatsoever reason within the stipulated time, the entire cost of the RGUHS research funding will be refunded by the Institution | | |
| 1. | Signature of the Principal Investigator | |  |
| 2. | Signature of the first Co-Investigator  (The first Co-Investigator shall be from the same department and same institute) | |  |
| 3. | Signature of the Second Co-Investigator  (Applicable for the projects where more than one Co-PI is opted for) (if any) | |  |
| 4. | Signature of the Head of the Department | |  |
| Signature of the Head of the Institution with seal | | | |
| Date: | | | |

Note:

* Please do not write your name or any other mark in Section B of the application which discloses your identity
* The Section A and B to be uploaded as two separate files.
* The file name of the softcopy (PDF) shall be the name of Principal Investigator