



B. J. Medical College & Civil Hospital, Ahmedabad – 380 016

Application for Grant –In –Aid Of Research Project SECTION: A

Year 2018-19

Section A (Please furnish 20 copies) GENERAL							
1.	Title of the Research Project						
2.	Name, Designation, Phone, email of; i) Principal Investigator ii) Co-Investigator(s)						
3.	Name of the Head of the De (name, address, phone no., e	•					
4.	Duration of Research Project i) Period to collect the data ii) Period to analyze the data						
5.	Amount asked Contingencies	First Year	Second Year	Third Year			
	i) Recurring Chemicals, Kits, Reagents, Plastic wares etc.						
	ii) Postage, Xerox, Stationary						
	Total						
6.	Institutional Ethics Committee approval must be enclosed for research involving human subjects or animal experiments. YesNo						
7.	The Institution where the study is being done should ensure that there is no financial conflict of interest by the investigators						





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DECLARATION AND ATTESTATION

- I/We have read the terms and conditions for BJMCDS Research Grant. All
 necessary department facilities will be provided if the research project is
 approved for financial assistance.
- ii. I/We certify that no non-expendable article or equipment will be purchased by us. We clarify that the proposed project has not been submitted and funded earlier in any shape.
- iii. I/We certify that the techniques to be employed in carrying out the research project have been standardized.
- iv. I/ We certify that all the equipment, laboratory and other infrastructure/ man power facilities required for carrying project are available in the department / institute and will be made available to the applicant.
- v. I/We hereby declare that the present research project is not a part of dissertation/There for MD, MS, Ph.D course / Fellowship / Training Course
- vi. I/ We hereby declare that the present research project is neither applied / awaiting approval / rejected to ICMR or any other agencies.
- vii. I/We agree to submit within one month from the date of completion of the project for the final report.
- viii. I/We agree to submit audited statement of accounts duly audited by the auditors as stipulated by the BJMCDS.
- ix. I/We agree to acknowledge BJMCDS along with project ID number in Publications and Patents. Reprints or Copies of papers published should be sent to BJMCDS.

x. Signature of the:			
a) Principal Investigator			
b) Co-Investigator(s)			
c) Head of the Department			
Signature of the Head of the Institution with seal			
Date:			





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Section – B DETAILS OF THE RESEARCH PROJECT

1.	Title of the Project
2.	Specialty Covered by research work:
3.	Nature of work: Clinical/ Experimental/ Combined/ Field work
4.	Objectives
5.	Does this research simplified existing treatment, increase effectiveness, accuracy in diagnosis and management of patients, field level impact in delivery of health care etc.
6.	How does the proposed research result enrich existing knowledge in current area of research?
7.	Summary of the proposed research (up to 150 words) indicating overall aims of the research and importance of the research proposal.
8.	Present knowledge and relevant bibliography including full titles of articles relating to the project.
9.	Preliminary work already done by the Investigator on this problem, e.g. selection of subjects standardization of methods, with results, if any.
10.	Detailed research plan. (give here the design of study, indicating the total number of cases/samples/animals to be studied, the mode of selection of subjects specially in experiments involving human beings, equipments and other materials to be used



11. Consent: Written / Oral / Audi visual



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methodology/techniques to be employed for evaluating the results including statistical methods any potential to obtain patents etc.

If not planned for written co.	If not planned for written consent, give reasons.						
2. Do travelling for data collection is required(allowed only in case of field project)							
13. Facilities in terms of equipment at the college/ institution, etc, available at the sponsoring institution for the proposed investigation.							
14. Budget requirements (with d	etailed break-up and ful	l justification):					
Budget asked							
Total	Cotal						
Contingencies	First Year	Second Year	Third Year				
Recurring Chemicals, Kits, Reagents, Plastic wares etc.							
Postage, Xerox, Stationary							
Total							





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Section-C BIODATA OF THE INVESTIGATORS(S)

1.	Name (Dr./Mrs.) _							
		First na	ame	Surname				
2.	Designation:							
3.	Complete Postal Address, Telephone Number, E-mail etc.							
4.	Date of Birth:							
5.	Educational Qualification : Degrees obtained (Begin with Bachelor's Degree)							
	Degree	Institution	Field(s)	Year				
6. Research/Training Experience								
Ī	Duration	Institution		Particulars of w	ork done			

- 7. Research specialization (Major scientific fields of interest)
- 8. List of Ongoing Projects
- 9. Number of completed projects according to funding agencies
- 10. Important recent publications (last 5 years, with titles and References), including papers in press