Dr.NTR University of Health Sciences, Vijayawada– 520008.

Application for Dr.NTR UHS Faculty Research Grants

I. Title of the Project:_____

Name of the institution: _____

Departments involved in the project:-

i.

ii.

iii.

iv.

v.

vi.

Name & Designation of the Principal Investigator_____

_____

Postal address for correspondence: _____

_____

Email:_____

Phone:_____

Mobile:_____

Names and designations of Co– investigators:

a) _____

b) _____

c) _____

d) _____

e) _____

f) _____

g) _____

h) _____

II. **PARTICULARS OF RESEARCH PROJECT**(attach separately)

i. Title of Project

_____

_____

ii. Specialties covered by the Research work_____

iii. Nature of work-Clinical/Experimental/Combined/Field Project
(Strike off what is irrelevant)/any other(specify)

_____

_____

iv. State whether any travel is involved in the programme of work

_____

_____

v. State whether there is any other source of funding for this project? If so give details.

III.

i. Introduction

ii. Aim & Objectives

iii. Methodology

iv. Implications

v. References (Vancouver Style)

vi. How is it likely to advance or add to the existing knowledge in relation to human health? (Newness/Novelty/Uniqueness describing anticipated impact)

vii. Proposed duration of the project (Maximum two years) (Add Gantt Chart)

viii. Total budget estimate

ix. Facilities available in the Institute/department to execute the project.

x. Approval from the Institutional ethics committee (enclose copy)

xi. Letters of approval from other institutions/laboratories (if applicable)

IV. DECLARATION:

a) I have gone through the rules and conditions for financial assistance. If selected, I agree to abide by them. The particulars given in the form are correct and I am prepared to present myself or inter view at my own expenses, if called up on to do so.

b) Certified that I have not claimed/received University grants/financial assistance from any other source earlier for this project.

c) I agree to submit all the raw data generated from the project to the University data Repository within one month of completion of the work.

Signature of the Principal Investigator.

Signature of the Co-investigators.

_____

_____

_____

_____

_____

_____

_____

V. Certificate by the Head of the Institute

(i) I recommend the Project entitled

_____

_____

For the University grant.

(ii) I certify that all the equipment, laboratory and other facilities

required for carrying out the proposed research project by the applicant (s) are available in the Department/ Institute and will be made available to the applicant(s).

(iii) I undertake to send to the University an audited statement of accounts along with the utilization certificate as required in the Rules for financial assistance/grant.

Signature of the Head of the Institution
(Seal bearing Designation & Address)