



B. J. Medical College Development Society

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

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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 Department (name, address, phone no., email)			
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. Yes _____ No _____			
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. 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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methodology/techniques to be employed for evaluating the results including statistical methods any potential to obtain patents etc.

11. Consent : Written / Oral / Audi visual

If not planned for written consent, give reasons.....
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12. 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 detailed break-up and full justification):

Budget asked			
Total			
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./Mr./Mrs.) _____

First name

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

Duration	Institution	Particulars of work 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