Format for Application for ***IAN Research Grant Scheme***

Guidelines for Operation of Extramural Projects



**Indian Academy of Neurology**

Research & Development Centre, Dayanand Medical College & Hospital, Civil Lines, Ludhiana-141001, Punjab

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| C:\Users\User\Desktop\Dr. G. Singh folder 2013-2014\Indian Academy of Neurology logo.jpg | **Indian Academy of Neurology**IAN Research Grant SchemeProtocol/Study Submission Proforma |

**Section A**

**GENERAL**

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1. Title of the Research Project
2. Name and Designation of
	1. Principal Investigator & Email
	2. Co-Investigator(s) & Email
3. Duration of Research Project
	1. Period which may be needed for collecting the data
	2. Period that may be required for analyzing the data
4. Please note that the font size of the content should be at least **11 pt**, else the proposal will not be evaluated.
5. Amount of grant-in-aid asked for (details are to be furnished in Section B)

1st year 2nd year

Total

1. Staff
2. Contingencies Recurring Non recurring (equipment )

Travel

1. Institution responsible for the research project

Name

Postal address Telephone e- mail

Fax No.

##### Institutional ethical clearance and Project approval (Necessary documents indicating institutional ethical clearance must be enclosed for research involving human subjects as also animal experiments).

Yes No

## Approval of the Institutional Ethics Committee(IEC) should be enclosed.

1. The Institution where the study is being done should ensure that there is no financial conflict of interest by the investigators.

**DECLARATION AND ATTESTATION**

* 1. I/We have read the terms and conditions for IAN Research Grant Scheme. All necessary Institutional facilities will be provided if the research project is approved for financial assistance.
	2. I/We agree to submit within one month from the date of termination of the project the final report and a list of articles, both expendable and non-expendable, left on the closure of the project.
	3. I/We agree to submit audited statement of accounts by the auditors at the end of the study.
	4. It is certified that the equipment(s) is/are not available in the Institute/Department or these are available but cannot be spared for the project
	5. It is certified that we had not been awarded IAN Grant in the last five years.

Signature of the:

1. Principal Investigator
2. Co-Investigator(s)
3. Head of the Department

Signature of the Head of the Institution with seal

Date:



# Section - B

**DETAILS OF THE RESEARCH PROJECT**

## Adequate information must be furnished in a brief but self-contained manner to enable the Council to assess the project.

* 1. Title of the project.
	2. Objectives

##### Summary of the proposed research (up to 150 words) indicating overall aims of the research and importance of the research proposal. Application of the work in the context of national priorities of medical research, if any, may also be mentioned.

* 1. Present knowledge and relevant bibliography including full titles of articles relating to the project.(500 words)
	2. Preliminary work already done by the Investigator on this problem, e.g. selection of subjects, standardization of methods, with results, if any. (200 words)
	3. List of important publications of last 5 years of the all the investigators in the relevant fields (enclose reprints, if available)
	4. 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, methodology/techniques to be employed for evaluating the results including statistical methods any potential to obtain patents etc.) (750 words)
	5. Facilities in terms of equipment, etc, available at the sponsoring institution for the proposed investigation. (100 words)
	6. Budget requirements (with detailed break-up and full justification):
		1. Staff
		2. Contingencies Recurring

Non-recurring (equipment) Travel

* + 1. Overhead charges

**Section-C**

**BIODATA OF THE INVESTIGATORS(S)**

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1. Name (Dr./Prof./)

 First name(s) Surname

1. Month/Year of Joining IAN: \_\_\_\_\_ / \_\_\_\_\_
2. IAN Life Membership Number: LM - \_\_\_\_\_\_
3. Designation:
4. Complete Postal Address, Telephone Number, Fax, e-mail etc.
5. Date of Birth:
6. Educational Qualification : Degrees obtained (Begin with Bachelor’s Degree)

Degree Institution Field(s) Year

## Research/Training Experience

Duration Institution Particulars of work done



1. Important recent publications (last 5 years, with titles and References), including papers In press