



DR.NTR UNIVERSITY OF HEALTH SCIENCES VIJAYAWADA- 520008.

Application format for Faculty Research Grants – 2022

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:	
Postal Pin Code :	
E – Mail	
Phone / Mobile No.	
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. Specialities 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.

Timelines of the project (Gantt chart).

vi. Aim & Objectives

vii. Present knowledge and relevant bibliography (please give here only the most relevant references complete with the authors name(s), title of the article, name of the Journal, year, volume and page number).

viii. Methodology and Techniques (giving all relevant details like study design, selection of subjects, experimental model, techniques, study proforma *etc.*).

ix. What is aimed to be achieved by the study?

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

xi. Proposed duration of the project (Maximum two years)

xii. Total budget estimate

- xiii. Facilities available in the Institute/department to execute the project.
- xiv. Approval from the Institutional ethics committee (enclose copy)
- xv. Letters of approval from other institutions/laboratories (if applicable)

III. 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 online 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.

IV. 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)