

Uttar Pradesh University of Medical Sciences, Saifai

Intramural Research Project Receipt form to be submitted in Duplicate

1. Title of the project:

2. Type of Submission: a. New b. Revised

3. Name of PI and Department:

Checklist to assess the project before submission to the Research Committee for review

S.No	Mandatory Documents	Yes	No	Not Applicable	Page nos.
1	Project Proposal as per the prescribed format				
2	Minutes of the Departmental Research Committee				
3	Institutional Ethics Committee receipt for submission				
4	Institutional Animal Ethics Committee receipt for submission				
5	Undertaking by the PI				
6	CV of new or co-investigator(s) outside UPUMS, Saifai.				

Documents submitted

a) Complete

b) Incomplete, will submit on: _____

Receivers Name:

Signature & Date (with stamp)

Project submitted by Name & Signature:

Uttar Pradesh University of Medical Sciences, Saifai

PROFORMA FOR PROJECT PROPOSAL RESEARCH GRANT PART (I): GENERAL INFORMATION

1. Project Title:

2. a. Broad Area: Basic/Translation/Clinical/Systems research /Community/ Education / Behavioral

b. Specific Area:

c. Key words (maximum three)

3. Duration:

4. Total Cost:

5. Principal/Co-Investigator(s)

Investigators	Name	Designation	Department	Signature
PI				
Co-PI				
Co-PI				
Co-PI				
Co-PI				

6. Project Summary (maximum 500 words) (Attach separate sheet):

7. Copy of the Departmental Research Committee Recommendation

8. Copy of the Ethics committee submission certificate

(Head of the Department will be responsible for periodic monitoring of the project)

9. Is radio tagged material proposed to be used in the project either for clinical trials or experimental purposes? If so, clearance from Nuclear Medicine Committee, Bhabha Atomic Research Centre, Mumbai, indicating should be attached.

10. Projects involving recombinant DNA/Genetic engineering work should be examined and certificate by the Institutional Biosafety Committee (IBSC) to be enclosed. Guidelines for constitution of IBSC can be obtained from Secretary, Department of Biotechnology, CGO Complex, Lodhi Road, New Delhi-110003.

11. Documents of the institutional ethics committee (IEC) should be enclosed. Guidelines for IEC for animal experiments should follow CPCSEA requirements and for human studies should follow ICMR guidelines.

12. PI and Co-PIs should ensure that that there is no financial conflict of interest by the investigators.

PART II: TECHNICAL DETAILS OF PROJECT

(Project proposal to be submitted in the format mentioned as below. The total pages should be within ten A4 papers in 1.5 space, letter size 11, Times New Roman)

1. Introduction

2.1 Origin of the proposal

2.2

(a) Rationale of the study supported by cited literature

(b) Hypothesis

(c) Research questions.

2.3 Current status of research and development in the subject

(a) International Status

(b) National status

2.4 The relevance and expected outcome of the proposed study

2.5 Preliminary work done if any. (New ideas are welcome.)

3. Specific objectives

4. Work Plan: should not exceed **three pages**

4.1 Detailed methodology including study design and outcome measures

4.2 Data analysis plan

5. Timelines:

Activities	Duration

Part III: Budgets Particulars

Budget requirements (with detailed break-up and full justification):

i) Personnel

ii) Contingencies

iii) Expenditure on scientists / technicians (Period, duration & number)

iv) Format of Budget

S.No	Sanctioned Heads	Expected Budget
1.	Salaries	
2.	Supplies & materials	
3.	Travel	
4.	Contingencies	
5.	Overhead Expenses	
6.	Total	

v) Justification (for each item):

Sl No.	Item	Pack Size	Quantity	Estimated Cost/Unit	Total Cost
Total Budget					

Part IV: BRIEF BIODATA OF PRINCIPAL INVESTIGATOR/Co-PIs

1. Updated CV including List of Publications for last 5 years and honors /awards of the Principal Investigator /Co-Investigators (Attach Separate sheets)
2. List of current projects being handled including source and amount of funding

PART – 4(A): PROFORMA OF DETAILS OF PREVIOUS INTRAMURAL PROJECTS

S.No.	Title of the project	Duration	Budget	Complete/Not Complete	Final Completion Report Submitted	Manuscript Published /submitted (Provide details)	Abstract Presented at Conference

PART – 4(B): PROFORMA OF DETAILS OF PREVIOUS EXTRAMURAL PROJECTS

S.No.	Title of the project	Duration	Budget	Complete/Not Complete	Name of Funding Agency

PART – 4(C): CV OF OUTSIDE CO-INVESTIGATOR(S)

Last Name	Middle Name	First Name
Date of Birth(dd/mm/yyyy):		Sex:
Study Site Affiliation (e.g. Principal Investigator, Co-Investigator, Coordinator)		
Permanent Mailing Address: (Include institution name)		Study Sited Address (Include institution name)
Telephone (Office):		Mobile No:
Telephone (Residence):		E-mail:
Academic Qualification (Most Current Qualification First)		
Degree/Certificate	Year	Institution, Country
Current and Previous 4 Relevant Positions Including Academic Appointments (Most current position first)		
Month and Year	Title	Institution/Company,Country
Brief Summary of Research Experience related to the project:		
Signature		Date:

PART V: DECLARATION AND ATTESTATION

i. I/We have read the terms and conditions for UPUMS Intramural Research Grant. All necessary departmental facilities will be provided if the research project is approved for financial assistance.

ii. 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.

iii. I/We agree to submit statement of accounts for the project to the Director Finance, UPUMS, Saifai for official audit before the end of financial year.

iv. It is further certified that the equipment(s) required for the project will not be purchased from the funds provided by UPUMS, Saifai for another project(s) in the department.

v. I/We agree to submit (online) all the raw data (along with descriptions) generated from the project to the UPUMS Data Repository within one month from the date of completion / termination of the project.

Signature of the:

a) Principal Investigator _____

b) Co-Investigator(s) _____

c) Head of the Department _____

Date:

INTRAMURAL RESEARCH FORM

SECTION – ‘A’

Name of the Principal Investigator:

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Designation:..... Department.....

Date of Joining **Date of Retirement**

Title of the Proposal:

.....

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.....

Study Design(Any other)

Duration of Study..... (Kindly attach Gantt Chart)

Fund Required: Rs..... (In words).....

Details of Co – Investigator (within Institute)

Sl. No.	Name Designation Department	Contact Details Mobile Number Email Id	Role and Responsibilities allotted	Signature

Details of Co – Investigator (from outside the Institute)(Prior approval of Research Cell should be obtained)

Sl. No.	Name Designation Department	Institute	Contact Details Mobile Number Email Id	Role and Responsibilities allotted

SECTION – ‘B’

DETAILS OF PREVIOUS INTRAMURAL PROJECTS:

Title of the Previous study:

.....

.....

Date of Study approved: (attach IEC Approval Letter)

Date of Completion: (Submit Completion Certificate)

Amount Granted: Rs. (in words).....

Details of Publications made:

.....

.....

(SELF DECLARATION)

I..... (Name)

..... (Designation)

..... (Department) do hereby affirm the following:

1. I will strictly abide by the rules and guidelines of Research Cell as per SOP.
2. The fund allotted will only be utilised for purchase of items required as per SOP of Intramural funding.
3. I will acknowledge the institute in my publications made under the above-mentioned proposal.
4. I will inform the Research Cell when the Manuscript is accepted / published.

5. No Senior/Junior Residents, PhD Students, Research Associates, Undergraduate or Postgraduate students and Para-Medical staff are Co-Investigator in the above mentioned Proposal.

.....
Signature of the Principal Investigator

UNDERTAKING

I.....in the Department ofstate that simultaneously the proposal will not be sent for funding to any other agency (extramural funding)

Name and Signature of the Principal Investigator

UNDERTAKING

Dr..... is a co-PI from the same department as PI and He/She will take the responsibility to complete the project titled.....
.....

Name and Signature of the Co-Principal Investigator

Name and Signature of the Principal Investigator

CHECKLIST

Sl. No.	Particulars	Tick
1	IEC Forms	
2	PIS & PICF in Both English and Regional Language	
3	Clearance from Departmental Research Committee. (Attach Minutes)	
4	Detailed Budget (On a separate paper)	
5	An undertaking stating the proposal will not be sent for funding to any other agency (extramural funding)	
6	Undertaking from the Co-PI of same department stating that he/she will take the responsibility to complete the project due to unavoidable circumstances.	
7	CV of all the Investigators	
8	Copy of clinical trial protocol	
9	GANTT Chart	
10	Any Other, if required	



RESEARCH CELL
UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES, SAIFAI
Intramural Assessment Form

Ref. No. IRC/UPUMS/ /2023/

Date:

*Title of the Proposal: _____

*Name of the PI: _____ *Designation: _____

*Department: _____ *Contact Number: _____

*Email ID: _____

Details of Co-PI:

Sl. No.	Name of the Co-PI	Designation	Department	Role of Co-PI in this Proposal
1				
2				
3				
4				
5				

Details of Previous Research Proposals as PI

Sl. No.	Headings	Number	Completion Report Submitted (Yes/No)
1	Number of Completed Project Proposals		

Details of Ongoing Project Proposals

Sl. No.	IEC Approval No. (Proposal Number)	Date of Last Progress Report submitted (with Dispatch No. form Department)

Signature of the PI

For Office use only

ALLOWED / NOT ALLOWED

Signature of Member Secretary



RESEARCH CELL
UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES, SAIFAI

List of four External Reviewers suitable for the evaluation of the proposal

S No.	Name of the Reviewer	Designation	Affiliation	Email address	Mobile Number
1					
2					
3					
4					

Name and Signature of the Principal Investigator