|  |  |  |
| --- | --- | --- |
| C:\Users\user\Desktop\cropped-Final-logo2.jpg | **SRI SHRIDEVI CHARITABLE TRUST ®**  **SHRIDEVI INSTITUTE OF MEDICAL SCIENCES & RESEARCH HOSPITAL, TUMKUR**  **SCIENTIFIC & RESEARCH COMMITTEE** | C:\Users\user\Desktop\download.jpg |

**FORMAT FOR SUBMISSION OF RESEARCH PROPOSAL**

**General Instructions:**

1. **Fill in all the sections of the form.**
2. **Write NA when not applicable.**
3. **Add extra lines if required.**
4. **Entire Manuscript should be in uniform font.**

|  |
| --- |
| **SECTION A – FOR OFFICE USE ONLY** (Will be filled by the SRC) |
| **Manuscript Number:** |
| **Date of Submission of proposal:** |
| **Date of Review of the proposal:** |
| **Date of Approval of the proposal:** |

|  |
| --- |
| **SECTION B*–* BASIC INFORMATION** |

|  |
| --- |
| **Date of Submission:** |

|  |
| --- |
| **Name & designation of Principal Investigator (PI)1 :** |

1PI- faculty/post graduate/under graduate/others (specify);

|  |
| --- |
| **Department:** |

|  |
| --- |
| **Contact details of principal investigator2  :** |

2Include telephone/mobile and e-mail ID;

|  |
| --- |
| **Name & designation of guide/mentor/ co-investigator(s)3 :** |

3 specify whichever is applicable

|  |
| --- |
| **Title of the study:** |

|  |
| --- |
| **Purpose of sending to review: Conference presentation/ publication/ any other- specify** |

|  |
| --- |
| **SECTION C *–* RESEARCH RELATED INFORMATION** |

|  |
| --- |
| 1. **Rationale for the study (should not exceed 500 words):** |

|  |
| --- |
| 1. **Study objectives:** |

|  |
| --- |
| 1. **Literature Review (should not exceed 1000 words):** |

|  |
| --- |
| 1. **Materials & Methods:** |

|  |
| --- |
| 1. **Study design:** |

|  |
| --- |
| 1. **Duration of the study:** |

|  |
| --- |
| 1. **Source of Data:** |

|  |
| --- |
| 1. **Inclusion criteria:** |

|  |
| --- |
| 1. **Exclusion criteria:** |

|  |
| --- |
| 1. **Sampling method:** |

|  |
| --- |
| 1. **Sample size calculation with reference:** |

|  |
| --- |
| 1. **Methodology (Describe your complete project stepwise):** |

|  |
| --- |
| 1. **Plan of statistical analysis:** |

|  |
| --- |
| 1. **List of references (Minimum of 10 references; in Vancouver style):** |

|  |
| --- |
| **DECLARATION (Please tick as applicable)**   * I/We certify that the information provided in this application is complete and correct. * I/We confirm that all investigators have approved the submitted version of the proposal/related documents. * I/We will comply with all policies and guidelines of the institute and affiliated/collaborating institutions where this study will be conducted. * I/We will ensure that personnel performing this study are qualified, appropriately trained, and will adhere to the provisions of the EC-approved protocol. * I/We confirm that we will maintain accurate and complete records of all aspects of the study. * I/We declare/confirm that all necessary government approvals will be obtained as per requirements wherever applicable. |

|  |  |  |
| --- | --- | --- |
| **Checklist (following documents to be submitted)** | | |
| 1 | Cover letter | Yes/no |
| 2 | Proforma/Questionnaire | Yes/no |
| 3 | Informed Consent Form | Yes/no |
| 4 | Participant Information Sheet | Yes/no |

|  |  |
| --- | --- |
| Signature of Principal Investigator |  |
| Signature of guide/mentor/Co investigator(s) |  |
| Signature of the Head of the Department |  |
| Signature of the Principal |  |