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| 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.**

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| **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:** |

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

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| **Date of Submission:** |

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

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

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| **Department:** |

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

2Include telephone/mobile and e-mail ID;

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

3 specify whichever is applicable

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| **Title of the study:** |

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

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

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| 1. **Rationale for the study (should not exceed 500 words):**
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| 1. **Study objectives:**
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| 1. **Literature Review (should not exceed 1000 words):**
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| 1. **Materials & Methods:**
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| 1. **Study design:**
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| 1. **Duration of the study:**
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| 1. **Source of Data:**
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| 1. **Inclusion criteria:**
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| 1. **Exclusion criteria:**
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| 1. **Sampling method:**
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| 1. **Sample size calculation with reference:**
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| 1. **Methodology (Describe your complete project stepwise):**
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| 1. **Plan of statistical analysis:**
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| 1. **List of references (Minimum of 10 references; in Vancouver style):**
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| **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.
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| **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 |

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