**IADVL Research Grants-2020**

**Application form 2**

**Details of the research project**

(Please provide details, including technical references, in the following format)

Please Note:

* For blinded review, no identifier (i.e name of the Institution/ college where the research project is to be carried out, name of the investigators, name of the ethics committee, CTRI No etc) should figure in this application including Case Record Form and Consent Form.
* Only IADVL life members can apply as Principal Investigator
1. **Title of the project:**

**1.1: Acronym**

1. **Has the proposal been previously submitted (if yes, which year)?**
2. **Executive summary of project (Not more than 500 words)**
3. **Field of research (Basic sciences/Epidemiology/Dermato-therapeutics/Cosmetology/Procedural dermatology/Leprosy & other neglected tropical diseases/Laser & light based therapy/ other):**
4. **Project Objectives:**
5. **Background (Existing knowledge in field, working hypothesis in context of previous work done, can add up to 10 relevant references, not more than 1500 words)**
6. **Methodology:**
	1. Study design (suitable to fulfil objectives)
	2. Sample size (including details of estimation & sampling technique)
	3. Duration of study
	4. Study population (from whom study subjects will be drawn)
	5. Study subjects (Both cases and controls if any)
		1. Inclusion criteria including methods of inclusion (Clinical and/or investigational)
		2. Exclusion criteria including methods of exclusion (Clinical and/or investigational)
	6. Sampling technique and randomization methods if applicable
	7. Methods of collection of data
		1. Demographic and personal data
		2. Clinical data
		3. Laboratory data: [For investigative/experimental studies, details of procedure of investigation(s) studied and measurement of efficacy of investigation(s)]
		4. Therapeutic response: Details of intervention(s) and measurement(s) of efficacy and safety of intervention(s) if any
	8. Study variables (data to be recorded to fulfil the objectives): (For therapeutic studies, primary and secondary end point measurements, safety data)
	9. Statistical methods: Describe in detail the methods used to present and analyse different study variables with reference to objective(s) of the study
	10. Operational definitions
	11. References
7. **Evaluation Criteria- how to define the success/failure of the study at its conclusion?**
8. **Proposed deadlines:**
* Project beginning date:
* Project ending date:
1. **Detailed research plan & timing (work-flow):** Describe in detail project timeline and specific milestones in a Gantt chart format.
2. **Significance of project/originality**
3. **Impact & benefits for IADVL**
4. **Budget requirements:** Detailed break-up and justification with proper use of nomenclature of items to be bought

**Please Note:**

* Equipment cannot be purchased
* If project is for >1 year, specify year-wise requirement of budget
* If multicentric, specify budget for each center separately in the following format

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Items** (provide details with quantity under each head) | **Source of supply** | **Justification for budget** | **Amount (Rs)** |
| **1** | Accessories of equipment  |  |  |  |
| **i** |  |  |  |  |
| **ii…** |  |  |  |  |
| **2** | Chemicals/reagents/Other consumables |  |  |  |
| **i** |   |  |  |  |
| **ii…** |  |  |  |  |
| **3** | Research and management  |  |  |  |
| **i** |  |  |  |  |
| **ii…** |  |  |  |  |
| **4** | Stationery and contingencies |  |  |  |
| **i** |  |  |  |  |
| **ii..** |  |  |  |  |
| 5 | Administrative expenses (Do not mention institute)Ethics committee feesTrial insurance fees (if required) |  |  |  |
|  | Total |  |  |  |
|  | Desired fund flow |  |
|  | 1. Initial funding at baseline
2. After interim report
 |  |

1. What are the facilities/services (Technology, infrastructure, equipment and human resource) required for the research project
2. Confirm that the facilities/services (Technology, infrastructure, equipment and human resource) required for the project are available (do not mention institute name)
3. Is the necessary support from various other specialities required for conduct of the project available? If so, specify.
4. Has letter of consent regarding utilization of facilities/services been obtained from Head(s) of department(s) involved in the research project? (It is mandatory to submit the letter separately while submitting the research proposal)
5. Does the research project require collaboration with external agency/service provider?

If yes, undertaking from external agency required about expertise to hold the tests and assurance about cost of such tests shall remain static throughout the complete duration of the study.

1. Do you consider the proposed number of subjects will be available within the proposed period of study?
2. Has ethics committee approval been obtained? (if obtained, to be attached separately while submitting the project and if not, to be submitted within 6 months of approval of grant
3. Has the study been registered with the Clinical Trials Registry-India? (if obtained, to be attached separately while submitting the project and if not, to be submitted within 6 months of approval of grant)

**Appendix 1:** Case record form/questionnaire (Specific to objectives of the study and study variables): Avoid identifiers

**Appendix 2:** Consent form in English and local language: Avoid identifiers

**Check list**

**Mandatory at the time of submission**

* 1. Application form 1
	2. Application form 2
	3. Brief CV of principal investigator
	4. Brief CV of co-investigators
	5. Brief CV of co-principal investigator(s) (In case of a multicentric study)
	6. Letter of consent from Head/s of the department/s involved in the research projects (Principal investigator/s and Co-investigator/s)
	7. Letter of consent from Head/s of Institution/s or Centre/s involved in the research project
	8. Undertaking by the investigators
	9. Consent from collaborative institute

**Mandatory before release of grant**

1. Ethics committee approval from each study center/s
2. CTRI registration submission acknowledgement
3. MoU with Collaborators if applicable
4. Clinical trial Insurance if applicable