**IADVL Research Grants-2020**

**Application form 1**

**General Information**

(Adequate information must be furnished in a brief but self-contained manner to enable the IADVL Academy to assess the project)

**Project title:**

1. **Research faculty information**
2. **Principal investigator:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_**

**Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender\_\_\_\_\_\_\_\_\_\_\_\_**

**Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Speciality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IADVL membership number LM/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affiliated institute/hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present professional responsibilities**

* **Departmental:**
* **Institutional:**
* **University:**
* **Association of concerned specialty:**
* **Others:**

**Brief CV (Maximum Two pages) of the Principal Investigator** (highlight publications in the subject of research proposal submitted)**: To be submitted separately**

**Details of the IADVL or other research projects that the principal investigator was or is engaged in:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. no** | **Name of the project** | **IADVL project (Yes/No)** | **Year of commencement** | **Current status****(Completed or ongoing)** | **Published (Yes/no)****If yes Mention Citation/DOI** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Given name** | **Gender** | **Age** | **Specialty** | **Degree** | **IADVL membership number** | **Role in the study** | **Phone** | **Signature** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. **Co-investigator(s):**
2. **Name the IADVL or other research projects that the co-investigator/s was/ were or is/are engaged in:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. no** | **Name of co-investigator** | **Name of the project** | **IADVL project (Yes/No)** | **Year of commencement** | **Current status****(Completed or ongoing)** | **Published (Yes/no)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Work done by the investigator(s) on the study subject:**
* List of their significant publications in the last 5 years in this regard:
* Selection of subjects, standardization of methods, and results, if any:
* Link with other projects: Ad-hoc, taskforce, or collaborative
1. **Centre(s) where the research will be conducted (In case of multicentric study, please specify where investigations will be carried out):**
2. **Details of Co- Principal Investigators of the multicentre study & facilities available at each centre:**
* Details of co- principal investigator (Name, Designation, Affiliation and Contact details)
* CV (Maximum two pages for each co- principal investigator): To be submitted separately
* Infrastructure (equipment and manpower) available in coordinating institution/ hospital/clinic that are required for research project
1. **Specific responsibilities of co- principal investigator(s) of each centre(s):**

Signature of the Principal investigator and all co-investigators. (Signature of co- principal investigator as well, in case of multicentric studies).

(Undertaking duly singed by all the investigators to be submitted separately in the specified format)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------- ------------------------------ ------------------------------