**IADVL Glowderma Research Grants-2021**

**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 (in completed yrs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

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

**Telephone (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Present professional responsibilities**

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

**Brief CV (Maximum Two pages) of the Principal Investigator** (highlighting 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:**

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| --- | --- | --- | --- | --- | --- |
| **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** |
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| **S. No** | **Surname** | **Given name** | **Gender** | **Age** | **Specialty** | **Degree** | **IADVL LM No.**  | **Role in the study** | **Phone** | **Signature** |
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1. **CO-INVESTIGATOR(S):**
2. **Name the IADVL or other research projects that the co-investigator/s was/ were or is/are engaged in:**

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| --- | --- | --- | --- | --- | --- | --- |
| **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)****If yes Mention Citation/DOI** |
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1. **Centre(s) where the research will be conducted (In case of multicentric study, please specify where investigations will be carried out):**
2. **Work done by the investigator(s) on the study subject:**
* Selection of subjects, standardization of methods, and results, if any:
* List of their significant publications in the last 5 years in this regard:
1. **Details of COORDINATORS (in case of a multicentric study) & facilities available at each centre:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Name** | **Age/ Gender** | **Designation/ Affiliation** | **IADVL LM No.**  | **Contribution to the study** | **Contact Details** | **Short CV Included separately (Max 2 pages) (Y/N)** | **Infrastructure (equipment/ manpower) available in the institution for the project** |
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1. **Details of the Beneficiary (Head of Institution)/ and the Institutional Account to which the grant funds will be transferred:**

**a.** Beneficiary name:

b. Whether the Beneficiary Account is with the Institution itself (for institutional investigators) or it is with a third party

Signature of the Principal Investigator and all co-investigators

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

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