

**Application for Grant – In – Aid for Advanced
Research Projects for the year 2019-20**



RajivGandhiUniversity of Health Sciences, Karnataka
4th T Block, Jayanagar, Bangalore – 560 041

The candidates shall upload the application and also need to send the hardcopy. The Principal Investigator, Co-Investigator and Head of the Institute shall affix their seal and signature only in the Section A. Section B should not contain the signature or any other mark or information which reveals the identity of the candidate.

Please note that the application for research grants shall be uploaded in the following link:

www.rguhs.ac.in/AdvanceResearch.htm

The applications sent by email or any other mode will not be considered

**APPLICATION FOR GRANTS - IN - AID FOR ADVANCED RESEARCH PROJECT
FOR THE YEAR 2019-20**

(Please refer the instructions in the notification before filling the application)

(Each section (Section A and Section B) duly filled and signed should be separately converted to PDF form (Two different files of Section A and Section B) and afterwards should be uploaded in www.rguhs.ac.in/AdvanceResearch.htm which is mandatory)

SECTION A

Faculty:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Ayurveda <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Unani <input type="checkbox"/> Naturopathy & Yoga	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing <input type="checkbox"/> Allied H.S. <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others (specify)	Paste Passport Size Photo of Principal Investigator
Participation in Research Methodology workshop	Participated in the Research Methodology Workshop?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paste Passport Size Photo of First Co- Investigator
Faculty with two Research Publications in Indexed Journals or Faculty with Research methodology workshop certificate obtained from any other organization, Faculty with Ph.D qualification or teaching faculty who have received grants earlier either from the University or from any other funding agency are exempted from this pre-requisite clause. (Pls enclose the documentary proof)			

01	Title of the research project	A COMPARATIVE CLINICAL STUDY OF VISHA ARAGWADADI LEPA AND GANDHAKADYA MALAHAR IN VICHARCHIKA.
Details of Principal Investigator		
02	Name, Designation and college address of Principal Investigator.	Dr. Manjula.P.Saraganachari MD(Ayu) Lecturer Dept of Agada tantra SVMAMC & RPK Hospital ILKAL. Tq: ILKAL. Dist: Bagalkot

03	Contact details of Principal Investigator	Mobile No.+91-9901379193 / 8197022895 Land line No (s). FAX No. Email id: kmsumangala@gmail.com
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04	Research Experience (as Research Officer/JRF/SRF/any others)	
Duration	Institution	Particulars of work done
-	-	-

05	Details of the present employment: Permanent / Temporary If permanent, give details	Permanent
06	Research specialization (Major scientific fields of interest)	Stree roga(Chatur beeja churna in Kasta Arvata my PG study), Skin diseases, anorectal diseases.
07	Original research publications made in the last 5 years, with titles and References including papers in press in indexed national / international journals (Enclose copies of the already published papers)	No
08	Financial support received for any other research proposals 1. From RGUHS Past Present Pending 2. From other sources Past Present Pending	No

Details of Co-Principal Investigator (Use separate sheet, if more than one Co-PI is opted for)		
09	Name , Designation & college address of Co- Investigator	

10	Contact details of Co- Investigator	Mobile No.+91- Land line No (s). FAX No. Email id:

11	Research/Training Experience	
Duration	Institution	Particulars of work done

12	Details of the present employment: Permanent / Temporary If permanent, give details	
13	Research specialization (Major scientific fields of interest)	
14	Original research publications made in the last 5 years, with titles and References including papers in press in indexed national / international journals (Enclose copies of the already published papers)	
15	Financial support received for any other research proposals 1. From RGUHS Past Present Pending 2. From other sources Past Present Pending	No

16	Duration of the Research Project (Should not exceed 2 years from the date of receipt of 1 st installment of grants-in-aid from RGUHS)	2yrs
	i) Period required for collection of data	1 yrs & 10months
	ii) Period required for analysis of data and submission of project report	2months
17	Total budget required for conducting the proposed research (Shall include expenditure from all heads)	Rs.2,30,000/-
18	Institution responsible for the research project	Yes
19	Address of the Institute	Shri Vijaya Mahantesh Ayurvedic Medical College & R P Karadi Ayurvedic Hospital ILKAL, Tq: ILKAL, Dist: Bagalkot.
20	Details of Institution	
	a) Name & designation of the Head of the Institution	Dr.K.C.DAS MD(Ayu) Principal SVMAMC ILKAL
	b) Contact details	i) Mobile No.: 9448645932 ii) Landline Nos: 08351272355 iii) FAX No: 08351272355 iv) Email id: svmamc@gmail.com
21	Furnish the details of Institutional Ethical Committee (IEC) / Institutional Animal Ethical Committee (IAEC) clearance as required below:	
	<u>I.Experimentation of Human</u>	
	a) Does the Research Project involve study on humans?	Yes

b) If Yes, has the Institutional Ethical Committee Clearance (IEC) obtained?	Yes
c) If Yes, enclose a copy of the certificate & the names / designations of the Institutional Ethical Committee members approving the said research project	Enclosed
d) Whether Institutional Ethics Committee constitution is as per apex body guidelines and whether IEC is registered with CDSCO? Give details with relevant enclosures.	No
e) Is this a clinical trial? If yes, please give the Clinical Trial Registration India (CTRI) number with the date and enclose a copy of the same.	Yes
<u>II. Experimentation of Animals</u>	
a) Does the Project involve experimentation on Animals? If Yes, name the animals and their number involved in experimentation	No
b) Has the Institution Animal Ethical Committee (IAEC) is registered with CPCSEA, New Delhi for conducting experimentations on animals? If yes, please provide the details and enclosed the copy of the registration of IAEC with CPCSEA	Not applicable
c) Enclose a copy of the validity of registration certificate (period / duration with dates) given by CPCSEA to the Institution for carrying out animal experimentation	---

	<p>d) For the said project whether Institutional Animal Ethical Committee has given clearance for conducting experimentation on animals? If yes, enclose a copy of the Institutional Ethical Committee approval. IAEC approval should have the signatures of :</p> <ol style="list-style-type: none"> 1. CPCSEA Main nominee 2. Chairman & 3. Member Secretary of IAEC 	-----
	(Please note that research projects involving experimentation on animals should necessarily have CPCSEA registration for the institute and Institutional Animal Ethical Committee shall be constituted as per the guidelines issued by CPCSEA and shall be approved by IAEC)	
22	Is radio tagged material proposed to be used in the project either for clinical trials or experimental purposes? If so, whether clearance from Nuclear Medicine Committee, Babha Atomic Research Centre, Mumbai is obtained? (Copy to be attached)	No
23	Projects involving recombinant DNA/Genetic engineering work should be examined and certificate by the Institutional Biosafety Committee (IBSC) to be enclosed. Guidelines for constitution of IBSC can be obtained from Secretary, Department of Biotechnology, CGO Complex, Lodhi Road, New Delhi-110003.	Not applicable
24	If the study is not involving any human or animal experimentation, then a letter addressed by the Principal informing that no human or animal experimentation is involved shall be submitted.	Study involves Human. This is not applicable
25	The Institution where the study is being done should ensure that there is no conflict of interest (financial or otherwise) by the investigators. Letter from the institution in this regard to be enclosed.	Enclosed

<u>DECLARATION AND ATTESTATION</u>	
a)	I/We have read the terms and conditions for RGUHS Research Grant. All necessary Institutional facilities will be provided if the research project is approved for financial assistance
b)	I/We agree to submit within one month from the date of completion of the project the final report.
c)	I/We agree to submit audited statement of accounts duly audited by the auditors/ Registered Chartered Accountants of the Institution
d)	It is certified that the equipment(s) required for the research project are available in the Institute/Department. If the equipments are not available the necessary tests required for the research project shall be done on cost per test basis outside the institution from an accredited / reputed / reference laboratory
e)	All co-operation and co-ordination will be provided to the team of RGUHS as and when it visits the institution to monitor the progress of the Research project
f)	If the project is not completed for whatsoever reason within the stipulated time, the entire cost of the RGUHS research funding will be refunded by the Institution
1.	Signature of the Principal Investigator
2.	Signature of the first Co-Investigator (The first Co-Investigator shall be from the same department and same institute)
3.	Signature of the Second Co-Investigator (Applicable for the projects where more than one Co-PI is opted for) (if any)
4.	Signature of the Head of the Department
Signature of the Head of the Institution with seal	
Date: 25/6/2019	

Note:

- 1. Please do not write your name or any other mark in Section B of the application which discloses your identity**
- 2. The Section A and B to be uploaded as two separate files.**
- 3. The file name of the softcopy (PDF) shall be the name of Principal Investigator**