**GREAT EASTERN MEDICAL SCHOOL AND HOSPITAL**

**RAGOLU, SRIKAKULAM-532484**

**APPLICATION FOR RESEARCH PROPOSAL**

|  |  |  |
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| **1** | **Name**  **Designation**  **Department of Principal Investigator**  **Contact Number and e-mail ID** |  |
| **2** | **Name,**  **Designation and Department of the Guide/ Co-guide**  **Contact Number and e-mail ID** |  |
| **3** | **Duration of the Study Proposed** |  |
| **4** | **Title** |  |
| **5** | **Background (Introduction)** |  |
| **6** | **Hypothesis of the study** |  |
| **7** | **Objectives** |  |
| **8** | **Materials& Methods** | **Study design:**  **Study Sample:**  **Source of sample:**  **Method:** |
| **9** | **Analysis & Statistical Methods** |  |
| **10** | **References in Vancouver style** |  |
| **11** | **Total Expenditure (Detailed breakup to be given)** |  |
| **12** | **Any other Relevant Information** |  |
| **13** | **Publications by the Investigator**  **in the last five years** |  |
| **14** | **Proforma /questionnaires of the study** | Enclosed/ Not applicable |
| **15** | **Informed Consent form and project Information sheet in Telugu and English with PI Name and Mobile Number** | Enclosed/ Not applicable |
| **16** | **Contribution by each Investigators** |  |

Signature & Name of the Co-Investigators:

Signature of the Head of the Department:

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| Remarks from the Committee |