**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 |