



Received on: _____

Proposal No: _____

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES (UNIVERSITY OF DELHI)
DILSHAD GARDEN, DELHI-110095**

Research Project Proposal (For Approval By The Concerned Scientific Committee)

1.	Project Being submitted to :	RPAC/MRU/MEU/ICMR-STS COMMITTEE (Please tick the appropriate committee)
2.	Principal Investigator (Name):	
	Date of Birth	
	Designation	
	Department	
	Email-Id	
	Phone no	
3.	Co-Investigator (Name):	
	Date of Birth	
	Designation	
	Department	
	Email-Id	
	Phone no	
4.	Co-Investigator (Name):	
	Date of Birth	
	Designation	
	Department	
	Email-Id	
	Phone no	
5.	Title Of the Project	
6.	Duration of the project (from- to)	
7.	Funding Agency (Name/None)	
8.	Funds requested (including salaries without overhead charges)	
9.	Overhead charges asked	

10.	Total Funds (Item 8+9)	
11.	Whether the account of the earlier completed projects finally closed	Yes/No
12.	If not, the reason for the same	
13.	Principal Investigator Related Information for Funded Projects:	
a)	Total number of ongoing projects	
b)	Total number of Projects completed in last 10 years	
c)	The information for each of the projects should be given in an annexure (including title of the Project, Funding agency, Total Funding of the project, Date of Commencement, Expected date of completion)	

RPAC: Research Project Advisory Committee; MRU-Multidisciplinary Research Unit; MEU- Medical Education Unit; ICMR-STIS-Indian Council of Medical Research - Short Term Studentship

I understand that (i) College will not provide any funds for the project work, equipments, salaries or contingencies. (ii) Any electrical wiring, water pipes and drains etc. up to the laboratory, renovation and air conditioning has to be met share of the overhead budget and /or Department funds. (iii) Any extra space for the project has to be settled within Department. College will not provide any additional space.

The investigator will follow the norms for the operation of the project framed from time to time by the concerned Scientific Committee of UCMS.

Signature of Investigator	Signature of Co-Investigator(s)	Signature of HOD (with seal)

Notes: (a) Co-Investigator who is not retiring before the date of completion of the project is essential if the Investigator is retiring before the date of the completion of the Project.
(b) Enclose one copy of project proposal with this form and send e-mail of entire file as single pdf to appropriate committee as follows:

Scientific committee of UCMS	Office for submission	E-mail	Chairperson	Member-Secretary
RPAC	Room no. 206, College Block	rpac@ucms.ac.in	Dr Asha Tyagi, Dir. Prof, Dept of Anaesthesiology	Dr Shiba Ansari
MEU	Room no. 414	medicaleducationunit@ucms.ac.in	Dr Dheeraj Shah; Dir Prof, Pediatrics and Principal UCMS (Faculty Incharge)	Dr Amir Maroof, Dir. Prof., Dept of Community Medicine (Coordinator)
MRU	Room no 121, College Block	nodalofficermru@gmail.com	Dr Shukla Das, Dir. Prof and HOD, Microbiology	-
ICMR-STIS	Room no. 206, College block	To be announced	Dr Rachna Gupta, Dir. Prof, Dept of Pharmacology	Dr Risa V N Sangma, Asst Prof, Dept of Community Medicine