

# GITAM DENTAL COLLEGE AND HOSPITAL

## APPLICATION FORM FOR UNDERTAKING RESEARCH PROJECTS

### 1. Title of the Proposed Research Project:

1a: Proposal Reference No.....(provided by the research committee)

### 2. Project Classification (Please tick one of the following)

a) Short study - **postgraduate/ Staff (paper presentation/publication)**

b) Dissertation/thesis - postgraduate

c) Collaborative study

Duration:

SHORT TERM (4-12 months) MEDIUM TERM(>12-24 months) LONG TERM(>24-48 months)

### 3. Host institution in which major part of the proposed studies will be conducted

NAME .....

ADDRESS .....

.....

.....

.....

Telephone .....

Fax.....

Email.....

### 4. Project leadership:

**Principal Investigator (PI)**

**Co-Principal Investigator  
(Co-PI)/ Coordinator from host  
institute, if necessary**

Name :.....

Name :.....

Designation: .....

Designation: .....

Institution .....

Institution .....

Address .....

Address .....

.....

.....

.....

.....

Tel:.....

Tel:.....

Mobile:.....

Mobile:.....

Email:.....

Email:.....

## 5. Proposed Project Details

5.1 Aim and Objectives

5.2 Current knowledge base and salient features of past work undertaken in the concerned area (along with bibliographic information)

5.3 Brief Description of proposed research Programme with specific deliverables (200-300) words. *This part should include a) potential impact of the research study, b) list of concerned stakeholders, c) relevance to Indian scenario and d) details of prior consultations with stakeholders, if available.*

5.4 Project Duration: ----- months

5.5 Major Sub-activities and their proposed timeframe for execution (bar chart to be attached)

5.6 Nature of Collaboration among the participating Institutions

5.7 Major Facilities Required : Details to be given under following heads

5.7.1 Facilities already available with the Host institutions

5.7.2 Sharing of Facilities from Other Institutions

5.8 Budget details:

### 6. Certificate from the Guide or Authorized Authority:

This is to certify that the facilities and manpower as identified in the project proposal will be provided to Dr / Prof....., the Principal Investigator/ Co-PI/ Coordinator.

Name:

Designation:

Place:

Date:

### 7. Undertaking from the PI Co-PI

This is to certify that the information provided in this proposal is authentic from the best of our knowledge. All efforts will be made to fulfil the objectives of the project within the indicated time frame.

Name:

Principal Investigator:

Place:

Date:

Name:

Co-PI/Co-ordinator:

Place:

Date: