**MEDICAL RESEARCH INSTITUTE**

**Application for Scientific / Ethics Approval**

**Part – I**

**For Office Use Only**

|  |  |
| --- | --- |
| **A** | **ADMINISTRATIVE INFORMATION** |
| **A.1** | Title of the project |  |
|  | Type of the project | Post Graduate study? | Yes |  |
| No |  |
| **A.2** | Duration of the project *(in months)* |  |
| **A.3** | Planned starting date |  |
| **A.4** | **Details of Principal Investigator** |
| General Information | Name and Title *(Underline surname)* |  |
| Position and Designation |  |
| NIC No |  |
| Tel. No (Home/Mobile) |  |
| E mail |  |
| Fax No |  |
| Details of Institute | Name  |  |
| Address |  |
| Tel. No |  |
| E mail |  |
| **A. 5** | **Details of Co-investigator(s) *(****Include information of all co-investigators)* |
| **Co-investigator 1** |
| Details of Co-investigator 1 | Name  |  |
| Position and Designation |  |
| Tel. No |  |
| E mail |  |
| Details of Institute | Name  |  |
| Address |  |
| Tel. No |  |
| E mail |  |
| **Co-investigator 2** |
| Details of Co-investigator 2 | Name  |  |
| Position and Designation |  |
| Tel. No |  |
| E mail |  |
| Details of Institute | Name  |  |
| Address |  |
| Tel. No |  |
| E mail |  |
| **Co-investigator 3** |
| Details of Co-investigator 3 | Name  |  |
| Position and Designation |  |
| Tel. No |  |
| E mail |  |
| Details of Institute | Name  |  |
| Address |  |
| Tel. No |  |
| E mail |  |
| **A. 6** | **Details of Collaborator(s) *(****Include information of all collaborators)* |
| Details of Collaborator 1 | Name  |  |
| Position and Designation |  |
| Tel. No |  |
| E mail |  |
| Details of Institute | Name  |  |
| Address |  |
| Tel. No |  |
| E mail |  |
| **A.7** | Institution(s) where research will be carried out |  |
| Are the facilities at the site adequate to support the study? (*Give details)* |  |
| **A.8** | **Financial Details** |
| Total Budget (*In SL Rupees, inclusive of all taxes*) |  |
| Financial support requested from Medical Research Institute (MRI)(*In SL Rupees, inclusive of all taxes*) |  |
| Funding agency other than MRI |  |
| Submit details of the budget  | *(Format is attached)* |
| **A.9** | Has this or a similar proposal been accepted in the recent past (or is in the course of implementation) by any other funding agency, national or foreign, for financial support given to the Principal or other Investigator of the present grant application? *If so, specify* |  |
| **A.10** | Have your previous researches sponsored by MRI | Yes / No |
|  If yes, fill the details | 1. Project No: | Year of approval : Allocated fund : |
| 2. Project No: | Year of approval : Allocated fund : |
| 3. Project No: | Year of approval : Allocated fund : |

|  |  |
| --- | --- |
| **B** | **SCIENTIFIC INFORMATION** |
| **B.1** | **Competency of the Research Team required for the Project** *(Please include information of all co-investigators)* |
| **Principal Investigator** |
| Academic / Professional qualifications |  |
| Knowledge / Training / Experience |  |
| **Co-investigator 1** |
| Academic / Professional qualifications |  |
| Knowledge / Training / Experience |  |
| **Co-investigator 2** |
| Academic / Professional qualifications |  |
| Knowledge / Training / Experience |  |
| **Co-investigator 3** |
| Academic / Professional qualifications |  |
| Knowledge / Training / Experience |  |
| **B.2** | **Contribution of the Research Team for the Project** *(Please include the contribution of each of the co-investigators)* |
| **Principal Investigator** |  |
| **Co-investigator 1** |  |
| **Co-investigator 2** |  |
| **Co-investigator 3** |  |
| **B.3** | **Define the problem(s) that your research seeks to address** |
|  |
| **B.4** | **Objective(s) of the proposed research** |
| **Main Objective** |
| **Specific Objectives** |
| **B.5** | **Summary (*maximum no of words 250*)** |
|  |
| **B.6** | **Detailed description** |
|  **B.6.1** | **Introduction** |
|  |
|  **B.6.2** | **Literature Review** |
|  |
|  **B.6.3** | **Methodology** |
|  |
|  **B.6.4** | **Statistical analysis**  |
|  |
|  **B.6.5** | **References** |
|  |
| **B.7** | **Activity Chart**  *(cover the period mentioned in**A.2)* |
| Activity  | Month |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Activity - 1 | X | X | X | X |  |  |  |  |  |  |  |  |
| Activity - 2 |  |  |  | X | X |  |  |  |  |  |  |  |
| Activity - 3 |  |  |  |  | X | X | X | X |  |  |  |  |
| *(Extend the table according to requirement)* |
| **B.8** | **State the expected output/ impact /deliverables of the project** |
|  |
| **B.9** | **Method of dissemination of results** |
|  |
| **B.10** | **Signatures of the Research Team** |
|  | Name | Signature | Date |
| Principal Investigator  |  |  |  |
| Co-investigator 1 |  |  |  |
| Co-investigator 2 |  |  |  |
| Co-investigator 3 |  |  |  |
| Collaborator |  |  |  |
| Head of the Institution *(if required)* |  |  |  |