**The declaration for release of research grants from MRI**

Ref No

Project Name

Project starting date Proposed ending date

Principal investigator’s Name and Designation

Principal investigator’s ID No

Is this project a post graduate training requirement? Yes No

Have you had previous research projects sponsored by MRI? Yes No

 If yes, please provide the details below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project No:** | **Research Title** | **Year of approval** | **Amount of funds allocated**  | **Year of completion** | **Publication details** |
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(Please initial the first page)

I, being the principal investigator of the research titled above solemnly declare that all the details provided are true and I would adhere to all the statements in this declaration:

I am not seeking approval for a study that has already commenced or has already been completed.

The said research would be carried out to completion within the time frame laid down and got approved. Any reasonable delays would be informed in writing to the Research Committee MRI and approvals sought.

Any changes of the investigators, research methodology, budget, etc after approval would be informed in writing to the Research Committee MRI and approvals sought.

Reusable apparatus and equipment such as BP apparatus, weighing scales, computer hardware etc. issued for the project would be carefully used and returned to the MRI stores through Director MRI or to the facility nominated for future use.

The money allocated for staff payments would be disbursed with utmost honesty and would be supported by genuine receipts of expenditure.

 Progress reports would be submitted to the research committee every six months. I am aware that failure to submit timely progress reports would lead to withholding of the remaining payments.

At the conclusion of the research, a final report, an account of expenditure and substantial evidence of the publication would be submitted.

I am fully aware that provision of false information and /or failure to adhere to the above conditions would result in myself and the research team being blacklisted for future MRI fund allocations and simultaneously being reported to National Health Research Council and all Health Ministry approved ethic committees for suitable action including an order to return state funds allocated in full.

Signature…………………………………………… Date …………………………………………

Witnessed by Name ………………………………………………………………………………………………………………………………….

Designation ……………………………………………………………… NIC number…………..…………………

Address………………………………………………………….