Annexure 1

Declaration by the PI/Co-PI/Co-Investigator

I/We undertake and certify that

1. This is an original research proposal which has not been simultaneously submitted to any other funding agency.
2. Proposal is prepared as per the prescribed format.
3. Clearances from the relevant Committees (Institutional human ethics committee / Biosafety Committee/ Animal Ethics Committee) have been obtained and attached with the proposal/ will be obtained before the project gets started and the relevant certificates will be submitted to the Research cell, AIIMS Guwahati.
4. The applicable columns related with this project is/are as follows (strike out if not applicable):
    a. General infrastructure and related facilities are available in the department/Institution.
    b. The implementation of the project proposal would not involve additional space or other special requirement.
    c. Implementation of the project proposal requires additional space or other special requirements as specified here, and these have already been discussed with competent authorities and the required approval/s has/have already been obtained (letter enclosed).
    d. General infrastructure and related facilities will be developed through this project, if permitted.
5. We will abide by all the rules and regulations of the AIIMS Guwahati and the funding agency for implementing the project.

Name and Signature of PI along with Seal: Department:	Signature of HOD from PI's department along with Seal: Department:
Name and Signature of Co-PI(s) along with Seal: Department:	Signature of HOD from Co-PI's department along with Seal: Department:
Name and Signature of Co-Investigator(s) along with Seal: Department:	Signature of HOD from Co-Investigator's department along with Seal: Department:

Annexure 2

All India Institute of Medical Sciences, Guwahati
Research Cell
Proforma for the submission of Intramural research project

PART I: GENERAL INFORMATION

1. Project Title:

2. a. Broad Area:
(Basic/ Translational/ Clinical/ Systems research/ Community/Education/ Behavioral)

   b. Clinical Trial: Yes/No

3. Project scheme: Single PI project (Scheme 1)/Collaborative project (Scheme 2)

4. Specific Area:

5. Duration:

6. Total Cost:

7. Departments involved in the proposal:

8. Details of Principal Investigator(s)
   Name: Date of Birth:

   Designation: Department:

   Telephone: E-mail:

   Number of funded research projects being handled at present:

   Please add additional column if more than one Principal Investigator

9. Co-Investigator(s)
   Name: Date of Birth:

   Designation: Department:

   Telephone: E-mail:

   Number of funded research projects being handled at present:

   Please add additional column if more than one Co-Investigator

10. Project Summary (maximum 500 words):

PART II: TECHNICAL DETAILS OF PROJECT

(The total pages should be within ten A4 papers in 1.5 space, letter size 11, Times New Roman)

1. Origin of the proposal

2. (a) Rationale of the study supported by cited literature

   (b) Hypothesis

   (c) Research question(s)

3. Current status of research and development in the subject
   (a) International status

   (b) National status

4. The relevance and expected outcome of the proposed study

5. Preliminary work done, if any

6. Aim and Objectives

7. Detailed methodology including study design, outcome measures, sample size and statistical analysis

8. Ethical Clearance: (Yes/No)

9. Timelines for the completion of project (GANTT chart is mandatory)

10. Name and address of *three* experts in the field

Name	Designation & Address with Email ID and Mobile number

11. CV of the Principal Investigator(s) including the list of Publications and honors/awards in the last 5 years

12. List of extramural project(s) being handled including source and amount of funding

13. List of intramural project(s) handled in the preceding two years along with outcome such as publications, awards/honors, patents etc

PART III: BUDGET PARTICULARS

1. Total Budget (in Rs)

2. Budget break-up

Budget head*	**Year 1**	**Year 2**	**Total**
Total			

*Please provide justification for each budget head. The fund can be utilized for the purchase of consumables including but not limited to drugs, chemicals, kits, disposables, and expenses for diagnostic tests

Signature of Principal Investigator(s):
Date:

Signature of Co-Investigator(s)
Date:

Signature of Head of the Department
Date:

Annexure 3

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, GUWAHATI, ASSAM
Combined Format for Submitting Research Proposal for Consideration
By
RESEARCH CELL & INSTITUTE ETHICS COMMITTEE (IEC) (HUMAN STUDIES)

SECTION– 1
[Proforma to be submitted to the Research Cell for faculty projects]

PART A – GENERAL INFORMATION

1. Title of the Project	
2. Name, Designation & Address of the Principal Investigator with mobile number, e-mail ID & Number of ongoing projects as Principal Investigator	
3. Name(s), Designation(s) & Address(es) of the Co-Investigator(s) with mobile numbers & e-mail IDs	
4. Duration of study	
5. A. If the study is institutional, state whether it is intra-departmental or inter-departmental	
B. If the study is inter-departmental,	
(i) State the names of collaborating departments	
(ii) State whether consent has been obtained from them	
6. A. If the study is inter-institutional, state whether it is national or international	
(i) State the name of coordinating institution	
(ii) State the names of collaborating institutions	
(iii) State whether consent has been obtained from collaborating institutions. Enclose copies of the same	
(iv) State whether you have enclosed a copy of the original research protocol submitted by the coordinating institution	
(v) State the responsibilities of each collaborating Institution	
7. Details of foreign collaboration with supporting evidence	

8. Details of foreign extramural funding with supporting evidence	
A. Details of source(s) of funding	
B. Details of overall funding	
C. Details of funding to AIIMS Guwahati with breakup	
9. Details of Indian extramural funding with supportive evidence	
A. Details of source(s) of funding	
B. Details of overall funding	
C. Details of funding to AIIMS Guwahati with breakup	

PART B – TECHNICAL DETAILS

1. Title of the project	
2. Background	
A. Rationale	
B. Novelty	
C. Expected outcome & application	
3. Research question(s)	
4. Research hypothesis (es), if any	
5. Aim and objectives: Primary objective(s) & secondary objective(s)	
6. Brief review of literature	
7. Study participants (humans, animals or both)	
8. Study design / type	
9. For participants, mention	
A. Inclusion criteria	
B. Exclusion criteria	
C. Withdrawal criteria, if any (trial-related therapy, follow-up and documentation are terminated prematurely as it is indicated to ensure safety of the participants):	
D. Rescue criteria, if applicable (starting symptomatic therapy either to control symptoms of disease or to overcome lack of adequate efficacy of the study drug or placebo):	
10. Number of groups to be studied, their names and definitions	
11. Sampling	
A. Population	
B. Sampling method	
C. Sample size in each group and sample size	

calculation method(s)	
12. Randomization details	
A. Selection of participants	
B. Allocation to groups	
13. Methods	
A. Intervention details with standardization techniques (drugs / devices / invasive procedures / noninvasive procedures / others):	
B. Are the drugs/devices to be used approved for these indications by Drug Controller General of India (DCGI)? (Enclose the approval letter from DCGI for trial on humans or give undertaking to get the approval from DCGI; For all drugs and devices submit documents showing DCGI approval for the proposed indication of the study):	
C. Are all procedures to be used professionally acceptable?	
D. List of variables and their measurementmethods with standardization techniques	
(i) Independent variables	
(ii) Dependent variables	
(iii) Confounding & interacting variables	
E. Data collection methods including settings & periodicity:	
F. List variable-wise statistical tests to be used for data analysis:	
14. Relevant references for the project (Maximum 20) (in Vancouver style, to be cited sequentially in the text of project):	
15. Enclosures	
A. Brief CV of all investigators	
B. Data collection proforma	
C. Questionnaire(s)	
D. Copy of signed original protocol in multicentric Studies:	
E. Copy of signed consent letter from coordinator in multicentric studies:	
F. Others	

16. Undertakings (please retain what is applicable)

A. The principal investigator hereby gives undertaking to obtain required DCG-I approval and submitits copies to Research Cell and IEC.

B. The principal investigator hereby gives undertaking to obtain Health Ministry Screening Committee (HMSC) approval and submit itscopies to Research Cell and IEC.

C. The principal investigator hereby gives undertaking to follow official guidelines for exchange of humanbiological material.

D. The principal investigator hereby gives undertaking to get the required MoU signed and submit itscopies to Research Cell and IEC.

Signature of the Investigator
(Name, Designation, Department, Seal and Date)

Signature of Head of the Department of the Investigator
(Name, Designation, Department, Seal and Date)

Signature(s) of the Co-Investigator(s)
(Name, Designation, Department, Seal and Date)

Signature(s) of Head(s) of the Department of the Co-Investigator(s)
(Name, Designation, Department, Seal and Date)

SECTION – 2

(For Institute Ethics Committee (IEC)-Human Studies)

Proforma to be submitted to the Institute Ethics Committee (Human Studies) for faculty projects

1. Title of the project:	
2. Ethical issues involved in the study: less than minimal risk / minimal risk / more than minimal risk to the study subjects *(for guidanceplease consult ICMR guidelines for biomedical research in human participants, 2006)* [Along with level of risk, the risks should be written in detail. If you feel there will be no risk, givejustification]	
3. Benefit of the study:	
4. Details of Informed Consent Process:	
i) Who will take the informed consent? ii) When will the informed consent be taken?	
iii) How will the informed consent be taken?	
iv) Where will the informed consent be taken?	
5. Do you need exemption from obtaining Informed Consent from study subjects - if so give justifications.	

6. Whether Consent forms in English and in local language are enclosed? *(if the consent form in local language is not applicable, appropriate explanations mustbe provided)*	
a. Documents attached	
b. Review Exemption Application Form (if applicable)	
c. Brief CV of investigators (including no. of projects with him/her) - Needed for all Investigatorsfor each project separately	
d. Investigator's Brochure	
e. For student projects, the guide should give a signed statement on a separate sheet with details of the project proposal that "I take full responsibility and accountability for planning, execution and adverse events occurring during the study. The data collected and records will be retained by me for a period of three years".	
f. Others	
7. Conflict of interest for any other investigator(s) (if yes, please explain in brief)	

8. We, the undersigned, have read and understood this protocol and hereby agree to conduct the study inaccordance with this protocol and to comply with all requirements of the ICMR guidelines (2006)

Signature of the Investigators: Date:

Signature of the Head of the Department of the Investigators Date:

Signature of the Co- Investigators: Date:

Signature of the Heads of the Department of Co- Investigators Date:

(Note: The proforma must be accompanied by Informed Consent Document (ICD) in Assamese, English & Hindi. Informed Consent Document should comprise Patient Information Sheet and the consent form. The investigator must provide information to the subjects in a simple language, and it should address the subjects, in a dialogue format. Studies involving children below 7 years should include parent / legally-authorized representative (LAR) consent form while studies involving children above 7 years and below 18 years of age should include assent form in addition to parent / LAR consent form)

INFORMED CONSENT DOCUMENT (ICD)

Patient / Participant information sheet

INFORMATION FOR PARTICIPANTS OF THE STUDY

Instructions - This is the patient information sheet. It should address the participant of this study. Depending upon the nature of the individual project, the details provided to the participant may vary. A separate consent form for the patient/test group and control (drug/procedure or placebo) should be provided as applicable. While formulating this sheet, the investigator must provide the following information as applicable in a simple language in English, Assamese and Hindi which can be understood by the participant. (Do not copy & paste from the study protocol submitted to Research Cell).

- Title of the project
- Name of the investigator/guide
- Purpose of this project/study
- Procedure/methods of the study including withdrawal criteria
- Expected duration of the subject participation
- The benefits to be expected from the research to the participant or to others and the post trial responsibilities of the investigator
- Any risks expected from the study to the participant
- Maintenance of confidentiality of records
- Provision of free treatment for research related injury
- Reimbursement for participating in the study
- Compensation to the participants for foreseeable risks and unforeseeable risks related to research studyleading to disability or death.
- Freedom to withdraw from the study at any time during the study period without the loss of benefits thatthe participant would otherwise be entitled
- Possible current and future uses of the biological material to be generated from the research and if thematerial is likely to be used for secondary purposes or would be shared with others, this should be mentioned
- Possible current and future uses of the data to be generated from the research and if the data is likely to beused for secondary purposes or would be shared with others, this should be mentioned
- Address and mobile number of the Principal investigator (PI) and Co- PI, if any:

Place
Date
Signature of the investigator:
Signature of the participant:

CONSENT FORM

Title of the project:

Participant's name:

Address:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. **Risk and benefit of this project has been explained to me.** I fully consent to participate in the above study.

(I also consent / do not consent to use my stored biological samples for future scientific purposes: Yes/ No –if applicable)

Signature/thumb impression of the participant:_____Date: _____

Signature of the witness:_____Date: _____

Name and address of the witness:

Signature of the investigator:_____Date: _____

CONSENT FORM (for participants less than 18 years of age)

Parent/Legally acceptable representative (LAR)

Title of the project:

Participant's name: Address:

Parent/LAR' s name:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child/ward's participation in the study is voluntary and that I am free to withdraw my child/ward at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. **Risk and benefit of this project has been explained to me.** I fully consent for the participation ofmy child/ward in the above study.

Assent of child/ward obtained (for participants 7 to 18 years of age)

(I also consent / do not consent to use my child/ward's stored biological samples for future scientific purposes: Yes/No – if applicable)

Signature/ thumb impression of the parent/ LAR:_____Date: _____

Signature of the witness:_____Date: _____

Name and address of the witness:

Signature of the investigator:_____Date: _____

ASSENT FORM

(for children above 7 years and below 18 years of age) **Assent form to participate in a clinical research**

Child Participant's name: Date of birth/Age:

Parent/LAR' s name: Address:

Title of the project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I understand that following completion ofstudy as well as during publication of the results, confidentiality of my identity will be maintained. I have been given an information sheet giving details of the study. **Risk and benefit of this project has been explained to me.** I fully assent to participate in the above study.

(I also assent / do not assent to use my stored biological samples for future scientific purposes: Yes/No – ifapplicable)

Signature of the child participant : Date:
(If child knows to sign/Thumb impression)

Signature of the parent or guardian : Date:
Name and address of the witness :
Signature of the witness : Date:
Signature of the Investigator : Date:

(Assent form should be accompanied by patient / participant information sheet for children in a simple language comprehensible to a child of 7-18 years; Language used should be simpler for children in the agegroup 7-12 years compared to children in the age group >12-18 years)

CHECK LIST

(To be filled and duly signed by the principal investigator)

Title of the study:
Name of the Investigator:
Designation & Department:

S.No	Items	Yes/No
1	Exact title as approved by Research Cell	
2	Date of Research Cell approval mentioned in proper format (dd/mm/yyyy)	
2	Source of funding mentioned	
3	Adequate literature review with justification for the study mentioned	
4	Detailed description about methodology (Study design, number of groups, sample size etc)	
5	No mirror statement in Inclusion/Exclusion criteria (Ex: Age <18 in inclusion & Age >18 in exclusion)	
6a	Permission from DCGI (**if applicable)**.	
6b	DCGI approval for the mentioned indication in the study (for drugs, devices, cosmetics etc)	
7	Adequate justification for exemption from obtaining informed consent given **(if applicable).**	
8	Informed Consent Document **in Assamese, English and Hindi** attached as per AIIMS Guwahati SOP format.	
9	**Information to the participant/ parent/guardian** in layman (simple) language.	
10	Validated questionnaire both in Assamese, English & Hindi attached **(if study involves interview/ questioning)**	
11	Signature of all investigators (Principal & Co-investigator) and Head of corresponding department obtained with date	
12	Compensation mentioned as per AIIMS Guwahati guidelines in consent form part 1	
13	Confidentiality mentioned as per AIIMS Guwahati guidelines in consent form part 1	
14a	Separate consent form for subjects < 7 yrs attached **(if applicable)**	
14b	Separate assent form for subjects > 7 yrs < 18 yrs attached **(if applicable)**	
15	Separate consent form for cases and controls attached **(if applicable)**	
16	Ethical issues explained in detail with **level of risk**	
17	**No discrepancy** between Assamese, English & Hindi consent form	
18a	Declaration form from Guide (for all UG/PG/PhD/DM, MCh projects) regarding overallresponsibility for the research	
18b	Declaration form from principal investigators / Guide stating that all procedures used in thestudy are standard and professionally acceptable (for faculty projects/ for all UG/PG/PhD/DM, MCh)	

Signature of principal investigator
Date:

(It is mandatory to submit this form along with proforma)

ETHICAL EXEMPTION APPLICATION FORM

1 Principal Investigator's Name:

2 Department:

3 Title of Project:

4 Names of other participating staff and students:

5 Brief description of the project:

Please give a brief summary (approx. 300 words) of the nature of the proposal, including the aims/objectives/hypotheses of the project, rationale, participants' description, and procedures/methods to be usedin the project:-

6 State reasons why exemption from ethics review is requested?

✓ Audits of educational practices
✓ Research on microbes cultured in the laboratory
✓ Research on immortalized cell lines
✓ Research on cadavers or death certificates provided such researchreveals no identifying personal data
✓ Analysis of data freely available in public domain
✓ Any other

(This should include justification for exemption e.g. study does not involve human participants. If exemption is being requested on the basis of low risk involved in the study please refer to the backside of this annexure)

Principal Investigator's signature:

Date:

Forwarded by the Head of the department:

Name:_____Signature: _____

Date_____

Recommendations by the IEC Member Secretary:

Exemption
Cannot be exempted

Reasons_____ Discussion at full board

Signature of the Member Secretary: _____

Date_____
Final

Decision:
Exemption
Cannot be exempted
Reasons_____

Discussion at full board

Signature of the Chairperson: _____

Date _____

Final Decision at Full Board meeting held on

_____

Signature of the Chairperson: _____

Date _____

No research can be counted as low risk if it involves:
(i) Invasive physical procedures or potential for physical harm
(ii) Procedures which might cause mental/emotional stress or distress, moral orcultural offence
(iii) Personal or sensitive issues

(iv) Vulnerable groups

(v) Cross cultural research
(vi) Investigation of illegal behaviour(s)
(vii) Invasion of privacy
(viii) Collection of information that might be disadvantageous to the participant
(ix) Use of information already collected that is not in the public arenawhich might be disadvantageous to the participant
(x) Use of information already collected which was collected under agreement ofconfidentiality
(xi) Participants who are unable to give informed consent
(xii) Conflict of interest e.g. the researcher is also the lecturer, teacher, treatment-provider, colleague or employer of the research participants, or there is any other power relationship between the researcher and the research participants.
(xiii) Deception
(xiv) Audio or visual recording without consent
(xv) Withholding benefits from "control" groups
(xvi) Inducements
(xvii) Risks to the researcher

This list is not definitive but is intended to sensitize the researcher to the types of issues to be considered. Low risk research would involve the same risk as might be encountered in normal daily life.

Please check that your application / summary has discussed:

- Procedures for voluntary, informed consent
- Privacy & confidentiality
- Risk to participants
- Needs of dependent persons
- Conflict of interest
- Permission for access to participants from other institutions or bodies
- Inducements

In some circumstances research which appears to meet low risk criteria may needto be reviewed by the IEC. This might be because of requirements of:

- The publisher of the research
- An organization which is providing funding resources, existing data, access to participants etc.

Annexure 4

All India Institute of Medical Sciences, Guwahati
Research Cell
Criteria for reviewing intramural research project

Title of the Project:

Sr. No.	Criteria	Score (Out of 10 for each criterion)	Comments, If any
1.	Problem statement, the conceptual framework and the research question - Problem statement is clear and well-stated. - Is this an innovative proposal? - Research question and objective are clear, precise, succinct and comprehensive. - Variable proposed for investigation are clearly identified and clearly presented.		
2.	Relevance - The study addresses important problem or issues. - The study is worth doing. - The study is generalizable due to the selection of participants, settings and, instrumentation.		
3.	Research Design - Research design is clearly described. - Design is appropriate and is as per the Research question. - Design and conduct of the study is plausible.		
4.	Instrumentation, data collection, Potential of Investigators - Is institutional support for the project proposed in form of equipment and other physical resources available? - Are the investigations qualified to perform the proposed research?		
5.	Population and sample for the proposed project - Is the population under study clearly defined? - Sampling procedure/technique adequately described? - Subject samples are appropriate in relation to research question - Are the inclusion and exclusion criteria adequate?		

Note: Each project will be reviewed and scored by 2 subject experts and two members of the evaluation committee. The average score of 4 members will be taken into consideration for preparation of final list for funding.

Annexure 5

All India Institute of Medical Sciences, Guwahati
Research Cell
Proforma for the submission of annual report of intramural research project

PART I: GENERAL INFORMATION

1. Project Title:

2. a. Broad Area:
   (Basic/ Translational/ Clinical/ Systems research/ Community/Education/ Behavioral)

   b. Clinical Trial: Yes/No

3. Project scheme: Single PI project (Scheme 1)/Collaborative project (Scheme 2)

4. Specific Area

5. Project Start date

6. Duration

7. Funds
   a. Sanctioned

   b. Utilized so far

8. Principal Investigator(s)

9. Co-Investigator(s)

PART II: TECHNICAL REPORT

10. Aim and Objectives

11. Work done so far (objective wise)

12. Detailed results

13. Summary of the results (250 words)

14. Outcome of the project (Publications, Awards/Honors, Patents, etc)

Annexure 6

All India Institute of Medical Sciences, Guwahati
Research Cell
Proforma for the submission of final report of intramural research project

PART I: GENERAL INFORMATION

1. Project Title:

2. a. Broad Area:
   (Basic/ Translational/ Clinical/ Systems research/ Community/Education/ Behavioral)

   b. Clinical Trial: Yes/No

3. Project scheme: Single PI project (Scheme 1)/Collaborative project (Scheme 2)

4. Specific Area

5. Project Start date

6. Duration

7. Funds
   a. Sanctioned

   b. Utilized so far

8. Principal Investigator(s)

9. Co-Investigator(s)

PART II: TECHNICAL REPORT

10. Aim and objectives

11. Work done so far (objective wise)
    Methods
    Results
    Discussion
    Conclusions

12. Summary of the overall findings of the project (500 words covering background, objectives, methodology, results and conclusion)

13. Translational value of the study

14. Whether the targets proposed are achieved? If not, please provide the reasons.

15. Outcome of the project (Publications, Awards/Honors, Patents, etc)

Annexure 7

All India Institute of Medical Sciences, Guwahati
Research Cell
Proforma for the submission of Annual Statement of Expenditure
(*Period:……*_to ……)

1. Sanction Letter No. and Date :

2. Total Project Cost :

3. Sanction /Revised Project cost (if applicable) :

4. Date of Commencement of Project :

5. Proposed Date of Completion :

6. Statement of Expenditure :

S. No.	Sanctioned / Heads	Funds Allocated (Rs)	Expenditure Incurred (Rs)			Balance as on …. (Rs)	Remarks
			I Year	II Year	III Year		
1							
2							
3							
4							
	Total						

Signature of Principal Investigator with date

Signature of Co-Principal Investigator with date

Signature of HOD with date

Signature of Accounts Officer with date

Annexure 8

All India Institute of Medical Sciences, Guwahati
Research Cell
Proforma for the submission of Utilization Certificate
(Annual, …… to ……)

Certified that out of Rs …….. of grants sanctioned during the year ……. in favour of …….under sanction Letter No……and Rs …….. on account of unspent balance of the previous year, a sum of Rs …….. has been utilized for the purpose of ……. for which it was sanctioned and that the balance of Rs …….. remaining unutilized at the end of the year has been surrendered to AIIMS Guwahati (vide cheque No ..... Dated…..... /will be adjusted towards the grants-in-aid payable during the year ……..

Signature of Principal Investigator with date

Signature of Co-Principal Investigator with date

Signature of HOD with date

Signature of Accounts Officer with date

Annexure 9

All India Institute of Medical Sciences, Guwahati
Research Cell
Proforma for the recording of intramural research projects

File No……

Received on Date……./……/20…..

Acknowledgement sent on Date……./……/20…..

Sent for review on Date……./……/20…..

Review report received on Date……./……/20…..

Review meeting of the Research cell on Date……./……/20…..

Intimation letter sent to PI on Date……./……/20…..

Project: Approved for
Sent for resubmission
Rejected

For Approved Projects: Project Code- ……

Date for first year report: ……./……/20…..

Date for final report: ……./……/20…..

Final report Accepted/Rejected on……./……/20…..

Signature of Dealing Assistant

Associate Dean (Research)

Dean (Research)