

FORMATS FOR SUBMISSION OF PROJECTS FOR NCG FUNDING
(To be filled by applicant)

Project Title

Participating NCG centres (please list all centres)

Duration in months

Total cost

Project Category: Clinical Research Basic Research
 Translational Research Technology Development
 Any other _____

Principal Investigator and Co-Investigator(s) – please add additional rows if necessary

Name	Designation and Department	Institute	Telephone	Email
Principal Investigator				
Co-investigator(s)				

Project Title: _____

Registration No.....(to be filled by NCG secretariat)

Principal Investigator (along with institutional affiliation)

Coinvestigators (along with institutional affiliation)

Project summary (maximum 250 words)

Key words (maximum 6)

Introduction (please provide background information, previous research on the subject, define the research question and the aims, objectives and hypothesis of the research question)

Justification (please provide information on importance of the proposed research in the context of national needs)

Study methodology plan (please include information on methodology, protocol, statistical methods and plan, and other work elements)

BUDGET ESTIMATES: SUMMARY (please add additional rows or columns as necessary)

	Item	BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
A.	Recurring				
	1.Salaries/wages				
	2. Consumables				
	3. Travel				
	4. Other costs				
B.	Equipment				
	Grand total (A+B)				

BUDGET FOR SALARIES (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
Designation & number of persons	Monthly Emoluments				
Total					

Justification for the manpower requirement:

BUDGET FOR CONSUMABLES (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
Item		1st Year	2nd Year	3rd Year	Total
Total					

BUDGET FOR TRAVEL (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
	Travel (Only inland travel)				

BUDGET FOR OTHER COSTS/CONTINGENCIES (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
	Other costs/Contingency costs				

BUDGET FOR EQUIPMENT (please add additional rows or columns as necessary)

Sl. No.	Generic name of the Equipment along with make & model	Imported/Indigenous	Estimated Costs (in Foreign Currency also)*

Time Schedule of Activities

Feasibility (please provide information to support the feasibility of the proposed project with respect to infrastructure, expertise, patient recruitment (if applicable) and logistics)

Detailed Bio-data of the Investigator(s)/Co-Investigator(s) including

Name, Address, Date of Birth, Institution's Address etc.

Academic Qualifications (University/College from where attained, year of passing, class, Thesis title etc.)

Publications list (Title of paper, authors, Journal details, pages, year etc.)

Previous research on the proposed topic

List of Projects implemented (if applicable)

Any other relevant information