

FORM - I

1. DETAILS OF THE INVESTIGATORS

Details	Principal Investigator	Co-PI 1	Co-PI-2
Name			
Institute/Clinic/Hospital Name			
Address of the place of work			
Designation			
IAP Registration Number			
Office Phone No with STD code			
Mobile Number			
Email ID			

2. GRANT CATEGORY (Please tick the appropriate category)

Sr No	Category	Tick (√)
1	The Physio-Scientist	
2	The Senior-Scientist	
3	Physio-innovator	

3. Title of the Study / Research/Innovation -

4. Abstract in 500 words (Please attach a copy)

5. Proposed Budget for the research (Please furnish budget within the allotted budget of your respective category) (You can use a separate sheet to furnish these details)

Sr No	Grant Budget Head	Amount needed (Rs/-)
1	Purchase of Equipment/tools	
2	Cost towards developing a new tool (Please mention subheadings of all materials needed towards the same with amount)	
3	Intervention Cost (eg any lab/radiological/electrophysiological tests needed for the study, any screening cost incurred etc)	
4	Developing a software	
5	Purchasing a software	
6	Purchasing of consumable items	
7	Purchase of contingency items and stationary	
8	Cost of travelling	
	Total	

6. Details of Ethics Committee Approval (Please attach the copy of approval letter)

- i. Name of the Ethics Committee -
- ii. Registered address of the Committee -
- iii. Date of approval of the proposal -
- iv. Registration / Acknowledgement number -

7. Details of Clinical Trial Registration - Registration / Acknowledgement number and details

8. No Objection Certificate from the Head of Institute / Hospital and in case of a Private independent practitioner, undertaking to abide by rules and regulations and undertaking for originality of the work (Please attach a copy)

DECLARATION BY THE INVESTIGATORS AND ENDORSED BY THE HEAD OF THE INSTITUTE

1. We have read all the terms and conditions for the IAP Research Grant and we abide by them
2. We abide by all rules and regulations laid down
3. We hereby affirm that the research proposal is our original work and we will perform it with integrity and high ethical standards
4. We abide to submit regular interim report and expenditure statements and bills as per the norms periodically as and when needed
5. We hereby certify that the tools/equipments/software purchased through the grants are/will not be used for any other purpose except this research
6. We abide to refund entire grant amount if we fail to complete the research within the stipulated time
7. If on audit of the expenses laid by us, it is found by IAP that the laid expenses are incorrect or fake, we abide to refund entire grant amount to IAP

Name and Signature of the PI

Name and Signature of Co-PI - 1

Name and Signature of Co-PI - 2

Countersigned by Head of the Institute with Official Seal

Date and Place