



अनुसंधान अनुभाग (Research Section)
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road, Raipur-492099 (CG)
researchcell@aiimsraipur.edu.in
deanresearch@aiimsraipur.edu.in

PROPOSAL SUBMISSION CHECKLIST

PROJECT CODE NO. (to be filled by IRC)	AIIMSRPR/IRC/IM/F/NF/2023/
Principal Investigator (PI) Name Designation & Department	
Title of the Project	
Date of Submission	

Sl. No.	Documents to be submitted	To be filled by the Principal Investigator (PI)				Verification by IRC office
		Yes	No	NA	Page no.	
1.	Covering Letter Through Head of Department					
2.	Profile Sheet					
3.	Undertaking by Principal Investigator (PI) with original signature, date and seal					
4.	Detail research proposal as per the format					
5.	Project proposed budget with breakup					
6.	Justification for the Budget					
7.	Brief CV of PI with signature & date					
8.	Certificate of administrative sanction for Co-PI (in case of Inter-Institutional collaboration)					
9.	Brief CV of co- PI with signature & date (<i>only in case of Inter-Institutional collaboration</i>)					
10.	Any other relevant documents					
11.	All documents from items 1-10 are signed and page numbered by PI and a original hard copy submitted to IRC office					
12.	One PDF file of all document items 1-10 Sent in email of IRC (researchcell@aiimsraipur.edu.in)					
13.	One editable doc file of research proposal item no 4 without any identity of investigators.					

Institute Research Cell,-Room no.6, Ground Floor, Medical College Building, AIIMS, Raipur. (CG)

Signature of Principal Investigator with Name, date & Seal



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PROFILE SHEET

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Title of the Project	
Type of Intramural Project (Intra-departmental/ Inter-departmental/Inter-institutional)	
Is the study interventional?	
Date of Submission	

Name, Designation, Department,	Type of Appointment (Regular/ Contractual)	Date of Joining Institute	Address, Telephone No., Mobile No., Email id	Number of ongoing projects (Funded/ Non-Funded)	Signature with stamp
Principal Investigator					
Co- Investigator(s)					
1					
2					
3					

Certificate of Undertaking

Date:

To
The Chairperson
Institute Research Cell
AIIMS, Raipur (C.G.)

Title of Project:

I put on record the following facts, which I shall abide while conducting research on the said project as Principal Investigator (PI):

- 1) The documents declared in the prescribed checklist as submitted are true to my knowledge and belief.
- 2) I have not submitted this project for consideration to any other agency.
- 3) I shall not be involved in any kind of plagiarism throughout the research period.
- 4) I shall abide by Good Clinical Practice for research.
- 5) The identity of research subject / patients shall not be revealed under any circumstances.
- 6) My research and/or utilization of grant money shall remain open to scrutiny by competent authority at any point of time.
- 7) I shall report any serious adverse event to IEC.
- 8) I understand that any research proposal other than those for obtaining Extramural Grant must be approved by Institute Research Cell following due procedures before putting up for consideration of Institute Ethics Committee (IEC).
- 9) Work on this project shall be initiated only after obtaining clearance from IEC and a final approval certificate from IRC on submission of a copy of the final IEC approved version, a copy of the IEC clearance certificate to the Institute Research Cell.
- 10) I further understand the CTRI/DCGI and others statutory clearance will be abided by me before starting the study.
- 11) I have read and understand the SOP of Intramural research project and will abide with all terms and conditions.
- 12) I shall submit the periodic progress report and final completion report to the IRC.
- 13) I do not have any ongoing intramural funded project as PI.
- 14) I understand the utilisation of grant for funded intramural project and I shall abide with that.
- 15) If I leave the Institute or discontinue the project I will timely notify the IRC and IEC and I will the all sanctioned grant money.

I undertake that Non-compliance to any of the afore-mentioned undertakings or any other act of indiscipline pertaining to the proposed research work including financial issues related to the grant (if any) shall make me/my research liable to appropriate disciplinary action by the competent authority.

**Signature of Principal
Investigator with Name, date & Seal**



Research Proposal Format

(Kindly refer Annexure II for guidelines for writing this proposal)

1. Title of study
2. Introduction/ Background information for the study (*up to 500 words*)
3. Justification of the Study (*Novelty*)
4. Literature review (up to 1000 words):
5. Research question AND/OR Hypothesis
6. Study Objectives
 - 6.1. Primary Objective
 - 6.2. Secondary Objectives
7. Operational Definitions
8. Material and Methods
 - 8.1. Study Design :
 - 8.2. Study Duration:
 - 8.3. Study Site :
 - 8.4. Study Population :
 - 8.5. Inclusion & Exclusion criteria
 - 8.6. Sample Size with Statistical formula
 - 8.7. Methodology.
 - i. Plan of Work (In FLOW CHART)
 - ii. Step wise Methodology
 - iii. In case of a Randomised clinical trials
 - a. Randomisation Method
 - b. Method of Generation of allocation
 - c. Allocation Concealment
 - d. Blinding (if any)
 - e. Conditions for unblinding
 - iv. Treatment details
 - 8.8. Outcome variables
 - a. Primary outcome Variable
 - b. Secondary outcome Variables

- 8.9. Time line Table
9. Data Collection and Statistical Analysis Plan
 - 9.1. Data collection procedure:
 - 9.2. Data analysis plan and test of significance:
10. In case of clinical trials please mention
 - 10.1. The drugs, doses and route of administration to be studied in trial, approved by FDA or not?
 - 10.2. Is DCGI permission required for conduct of this trial? If no justify
11. Expected outcome: (up to 100 words)
12. Limitations of the study if any (up to 100 words)
13. Future plans based on expected outcomes if any. (up to 100 words)
14. Keywords:
15. Abbreviations
16. Budget details with Justification:
17. Case Record Form
18. Validated/standardized Questionnaire, Scale, interview guide etc.
19. Any other document relevant to study



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PROJECT PROPOSED BUDGET WITH BREAKUP

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Category	Quantity	Unit Price	Total (Rs)
A) Staff designation & Salary as per ICMR norms (max 30% of total budget)			
Sub Total (A)			
B) Recurring			
Sub Total (B)			
Sub Total (A) + (B)			
C) Overhead charges 3% as per rule			
Sub Total (A) + (B) + (C)			
D) Non-Recurring (one time purchase only)			
E) Travel			
Sub Total (D) + (E)			
Grand Total (A+B+C & D+E)			

- Item-wise / point-wise justification for staff / Recurring / Non-Recurring (Equipment)/ Travel may also be provided.

**Signature of Principal Investigator
with Name, date & Seal**



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JUSTIFICATION FOR THE BUDGET

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S No	Manpower/Item/ equipment/Travel	Budget	Detailed Justification
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

• Item-wise / point-wise justification for staff / Recurring / Non-Recurring (Equipment)/ Travel may also be provided.

**Signature of Principal Investigator
with Name, date & Seal**