

**PROPOSAL FOR FUNDING (CCRYN)****Section – A**

<b>1.</b>	<b>Title of the Research Project</b>	:	
<b>2.</b>	<b>Details of the Institution submitting the research project</b>		
	<b>Name:</b>		<b>Postal Address:</b>
	<b>Telephone:</b>		<b>Fax:</b> <b>E-mail:</b>
<b>3.</b>	<b>In case of individuals submitting the research project: (Name of the collaborating institute may be cited in S. No. 2 above)</b>		
	<b>Name of the individual:</b>		<b>Postal Address:</b>
	<b>Telephone:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>4.</b>	<b>Name and Designation of</b>		
	<b>Principal Investigator:</b> <b>Con-Investigators (s):</b> <b>Consultant (s):</b>		
<b>5.</b>	<b>Duration of Research Project:</b>		
	<b>i) Period required for pre-trial preparations:</b>		
	<b>ii) Period that may be needed for collecting the data:</b>		
	<b>iii) Period that may be required for analysing the data:</b>		

**6. Amount of Grant-in-aid asked for**

	<b>Total</b>	<b>1<sup>st</sup> Installment</b>	<b>2<sup>nd</sup> Installment</b>	<b>3<sup>rd</sup> Installment</b>	<b>Remaining Amount (10%)</b>	<b>Withheld Amount (10%)</b>
<b>Salary</b>						
<b>Equipment</b>						
<b>Books</b>						
<b>Other Non- Recurring Expenditure</b>						
<b>Recurring Expenditure</b>						
<b>TA / DA</b>						
<b>Institutional Support</b>						
<b>Fee of PI and COI</b>						
<b>Miscellaneous Expenses</b>						
<b>Total</b>						

## **7. DECLARATION AND ATTESTATION**

**Name and Signature of the:**

- a) Principal Investigator**
- b) Co-Investigators (s)**
- c) Head of the Department**

**Signature of the Head of the Institution**

**Place:**

**Dated:**

**List of Documents to be Enclosed:**

**Section – B**  
**FORMAT FOR BIO-DATA OF THE INVESTIGATORS (PI)**

1.	Name (Dr./Mr./Ms.)	:		
			First name (s)	Surname
2.	Designation	:		
3.	Complete Postal Addresses and PIN	:		
	Telephone Numbers (s), Fax, E-mail	:		
4.	Date of Birth	:		
5.	Educational Qualification: Degrees obtained (Begin with Bachelor's Degree)			
	Degree	Institution	Fields (s)	Year
6.	Research Experience			
	Duration (From –To)	Institution	Particulars of work done	
7.	Other Experience (Apart from Research)			
	Duration (From –To)	Institution	Particulars of work done	
8.	Research Specialization (Major Scientific Fields of interest)			
9.	Financial Support received			
	a) From the Ministry of Health and Family Welfare			
	Past			
	Present			
	Pending			
	a) From the Ministry of AYUSH			
	Past			
	Present			
	Pending			
	b) From other Institutions			
	Past			
	Present			
10.	Research Projects in hand under EMR Scheme of Ministry of AYUSH	:		
11.	Research Projects in hand under any other Grant-in-aid scheme of Government of India	:		
12.	Other research projects, if any	:		
13.	Recent publications (last 5 years, with titled and references), also papers in press	:		
14.	Other information, if any	:		

**Signature**  
**Date**

**FORMAT FOR BIO-DATA OF THE INVESTIGATORS (Co)**

1.	Name (Dr./Mr./Ms.)	:		
			First name (s)	Surname
2.	Designation	:		
3.	Complete Postal Addresses and PIN	:		
	Telephone Numbers (s), Fax, E-mail	:		
4.	Date of Birth	:		
5.	Educational Qualification: Degrees obtained (Begin with Bachelor's Degree)			
	Degree	Institution	Fields (s)	Year
6.	Research Experience			
	Duration (From –To)	Institution	Particulars of work done	
7.	Other Experience (Apart from Research)			
	Duration (From –To)	Institution	Particulars of work done	
8.	Research Specialization (Major Scientific Fields of interest)			
9.	Financial Support received			
	a) From the Ministry of Health and Family Welfare			
	Past			
	Present			
	Pending			
	a) From the Ministry of AYUSH			
	Past			
	Present			
	Pending			
	b) From other Institutions			
	Past			
	Present			
10.	Research Projects in hand under EMR Scheme of Ministry of AYUSH	:		
11.	Research Projects in hand under any other Grant-in-aid scheme of Government of India	:		
12.	Other research projects, if any	:		
13.	Recent publications (last 5 years, with titled and references), also papers in press	:		
14.	Other information, if any	:		

**Signature  
Date**

## **Section – C**

### **BRIEF SUMMARY OF THE RESEARCH PROPOSAL**

**[Adequate information must be furnished in a brief but self-contained manner to enable the Ministry to assess the project]**

- 1. Title of the Research Project:**
- 2. Methodology:**
- 3. Anticipated Outcome**
- 4. Summary of the proposed research (up to 150 words) indicating overall aims of the research, importance of the objectives and their application in the context of the priority areas set out in the application form.**
- 5. Relevance and usefulness of the study with particular reference to concerned AYUSH system.**
  - i. IPR values**
  - ii. Translational value**
  - iii. Utilization of outcomes of project**