**BIOMEDICAL TECHNOLOGY WING**

**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY**

**Format for application to be attached with project proposal for review by**

**Internal Review Committee**

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| **Title of the Proposal:** |  |
| **Funding agency** |  |
| **Duration of the project** |  |
| **Budget**  |  |
| **Team:** **List of Investigators (Please specify the role whether the Investigator is a PI / Co-PI / Co I etc)** |
| Name | Role |
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| Does this project pertain to the objectives /mission of the Institute: Yes /No(Please Justify) |
| **Project category** (Please tick the relevant and if not in the list, specify) |
|  Basic Research Applied research Product development – for Proof of Concept Product development – Preclinical evaluation Product development – Clinical evaluation Test method development Technology Proving Process development  Others, specify………………………………………… |
| **Expected outcome of the project:** Outline the translational potential if any**:**Is there a scope for patenting (Indian/Foreign)?  |
| **Collaboration:** Please specify the following collaboration potential exploited or is likely to be exploited1. Has clinical opinion/involvement sought for in the project? If so, please give details
2. Is any collaboration sought from laboratories in BMT Wing. If yes , give details. Has this been discussed with the concerned lab.
3. Is any outside institute/organization involved in the program? If so, please give details:
4. Nature of industry expected to take interest in the outcome of the project/ is there currently any industry interested in the proposal
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| **Resources**:1. Number of projects the PI is having at the moment? :Please provide details
2. Major commitment of PI in other institutional activities/projects? Provide details if any
3. Have this project proposal been discussed with all investigators involved and their roles identified?
4. Do you intend to involve any PhD students in this project?
5. Any equipment purchase involved in the project? (If yes, please give all details incl. budget provision for AMC, availability of operator etc.) For internal projects please provide a budgetary estimate from the potential suppliers for equipments above 10 lakhs.
6. If yes, is this equipment available inside the Institute campus? If yes, justify the reason for duplication
7. Is space available for installing the equipment? Specify additional power requirements/AC/civil works required if any
8. Signature of the Principal Investigator :
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**To be filled up by review committee**

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| --- | --- |
| Date on which the project application is received by IRC |  |
| Date of review of the application  |  |
| **Recommendation of the review committee:** |