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

Title of the Proposal:		
Funding agency		
Duration of the project		
Budget		
Team: List of Investigators (Ple	ease sp	ecify the role whether the Investigator is a PI /
Co-PI / Co I etc)		
Name		Role
Does this project pertain to the	e object	ives /mission of the Institute: Yes /No
(Please Justify)		
Project category (Please tick th	ne relev	ant and if not in the list, specify)
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☐ Basic Research ☐ Applied	researd	ch □ Product development – for Proof of Concept
☐ Product development – Prec	linical e	valuation Product development – Clinical
evaluation Test method dev	elopme	ent 🗆 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 exploited 1. Has clinical opinion/involvement sought for in the project? If so, please give details
 Is any collaboration sought from laboratories in BMT Wing. If yes, give details. Has this been discussed with the concerned lab.
 Is any outside institute/organization involved in the program? If so, please give details:
 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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Resou	irces:
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

 Is space available for installing the equipment? Specify additional power requirements/AC/civil works required if any 			
8. Signature of the Principal Investigator :			
To be filled up by review committee			
Date on which the project application is received by IRC			
Date of review of the application			
Recommendation of the review committee:			