

**FORMATS FOR SUBMISSION OF PROJECTS FOR NCG FUNDING**  
(To be filled by applicant)

Project Title

Participating NCG centres (please list all centres)

Duration in months

Total cost

Project Category: Clinical Research          Basic Research  
 Translational Research          Technology Development  
 Any other \_\_\_\_\_

**Principal Investigator and Co-Investigator(s)** – please add additional rows if necessary

Name	Designation and Department	Institute	Telephone	Email
Principal Investigator				
Co-investigator(s)				

**Project Title:** \_\_\_\_\_

Registration No.....(to be filled by NCG secretariat)

**Principal Investigator** (along with institutional affiliation)

**Coinvestigators** (along with institutional affiliation)

**Project summary (maximum 250 words)**

**Key words (maximum 6)**

**Introduction** (please provide background information, previous research on the subject, define the research question and the aims, objectives and hypothesis of the research question)

**Justification** (please provide information on importance of the proposed research in the context of national needs)

**Study methodology plan** (please include information on methodology, protocol, statistical methods and plan, and other work elements)

**BUDGET ESTIMATES: SUMMARY** (please add additional rows or columns as necessary)

	Item	BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
A.	Recurring				
	1. Salaries/wages				
	2. Consumables				
	3. Travel				
	4. Other costs				
B.	Equipment				
	Grand total (A+B)				

**BUDGET FOR SALARIES** (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
Designation & number of persons	Monthly Emoluments				
Total					

Justification for the manpower requirement:

**BUDGET FOR CONSUMABLES** (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
Item		1st Year	2nd Year	3rd Year	Total
Total					

**BUDGET FOR TRAVEL** (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
	Travel (Only inland travel)				

**BUDGET FOR OTHER COSTS/CONTINGENCIES** (please add additional rows or columns as necessary)

		BUDGET			(in Rupees)
		1st Year	2nd Year	3rd Year	Total
	Other costs/Contingency costs				

**BUDGET FOR EQUIPMENT** (please add additional rows or columns as necessary)

Sl. No.	Generic name of the Equipment along with make & model	Imported/Indigenous	Estimated Costs (in Foreign Currency also)*

**Time Schedule of Activities**

**Feasibility** (please provide information to support the feasibility of the proposed project with respect to infrastructure, expertise, patient recruitment (if applicable) and logistics)

**Detailed Bio-data of the Investigator(s)/Co-Investigator(s)** including

Name, Address, Date of Birth, Institution's Address etc.

Academic Qualifications (University/College from where attained, year of passing, class, Thesis title etc.)

Publications list (Title of paper, authors, Journal details, pages, year etc.)

**Previous research on the proposed topic**

List of Projects implemented (if applicable)

**Any other relevant information**