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|  | **LIAQUAT UNIVERSITY*****OF MEDICAL & HEALTH SCIENCES JAMHSORO*** |

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| --- |
| ***Research proposal application – Thematic research grant COVID-19*** |

1. **Title of the Research Project.**
2. **Name, Designation & Qualification of the Principal Investigator**
3. **Name, Designation & Qualification of the Co-Principal Investigator**
4. **Institution/Department participating in the study.**
5. **Duration of the Project.**
6. **Total Funds required (if applicable)**
7. If a grant is made, I will ensure that the funds provided are used for the purpose of which they have been given. I also agree to submit interim and final reports of the work as and when required by the University and to make available the records of my research to person/persons deputed by the University to inspect the progress of my research project.

Date:- \_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Principal Investigator.**

1. Certified that existing facilities of the departments concerned will be made available to the candidate(s).

Date:- \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Head of the Institution.**

1. **Summary of the proposed research.**
2. **Introduction.**
3. **Systematic review of literature on the topic (with references)**
4. **Resume of any related work carried out by the Principal Investigator or Co-Investigator in this area. Research projects conducted previously by the Principal Investigator.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title** | **Duration** | **Total amount of****Grant** | **Funding Agency** |
| 1. |  |  |  |
| 2. |  |  |  |

1. **Rationale of the study**

1. **Aims and objectives.**
2. **Methodology and experimental design in detail**

(Also include work schedule)

STUDY DESIGN:

PLACE OF STUDY:

STUDY POPULATION:

SAMPLE SIZE & SAMPLING TECHNIQUE

SAMPLE SELECTION:

1. INCLUSION CRITERIA:
2. EXCLUSION CRITERIA:

**DATA COLLECTION** PROCEDURE

STATISTICAL METHODS

WORK PLAN (SCHEDULE)

1. **Existing institutional facilities for carrying out this research scheme.**
2. **State if the project has been submitted to any other funding agency for financial support. If so, with what results?**
3. **Beneficiaries of the project/Potential outcome/Expected outcome**
4. **Strengths and limitations of the project**
5. **Potential / suspected obstacles**

**RESEACH PROPOSAL BUDGET. (if applicable)**

**TABLE-I PERSONNEL:**

**Expenditure on Salaries and Honoraria**

*(N.B. Amount in Rupees to be mentioned)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Personnel****(Specify Scale of Pay)** | **% of time on project** | **Year 1****Rs.** | **Total****Rs.** |
| Scientific staff:Title & Name |  |  |  |
| 1. |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| Technical Staff:Title & Name |  |  |  |
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| *Other Staff (Title).* |  |  |  |
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| **Sub-Total:** |  |  |  |

**TABLE-II. OPERATIONAL EXPENSES.**

|  |  |  |
| --- | --- | --- |
| **Item.** | **Year 1****Rs.** | **Total****Rs.** |
| **Consumable Supplies.** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Sub-Total:** |  |  |

**TABLE-III. INDIRECT COST.**

|  |  |  |
| --- | --- | --- |
| **Item.** | **Year 1****Rs.** | **Total****Rs.** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Sub-Total:** |  |  |

**TABLE-IV. TRAVEL WITHIN COUNTRY.**

(For projects involving field work only)

|  |  |  |
| --- | --- | --- |
| Travel (Please specify) | Year 1Rs. | TotalRs. |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub-Total: |  |  |

**TABLE-V. PERMANENT EQUIPMENT REQUIRED.**

|  |  |  |
| --- | --- | --- |
| **Item.** | **Quantity.** | **Approximate Cost** |
| 1. |  |  |
| 2.  |  |  |
| 3.  |  |  |
| **Sub-Total** |  |  |

**TABLE-VI. BUDGET SUMMARY.**

|  |  |  |
| --- | --- | --- |
| **Item.** | **Year 1****Rs.** | **Total****Rs.** |
| Personnel **(Table-I)** |  |  |
| Operating expenses**(Table-II)** |  |  |
| Indirect Cost**(Table-III)** |  |  |
| Travel within country**(Table-IV)** |  |  |
| Permanent equipment required **(Table-V)** |  |  |
| **Grand Total:** |  |  |

**TABLE-VII BUDGET JUSTIFICATION.**

Please justify briefly each item in the budget

|  |  |
| --- | --- |
| **Item** | **Justification** |
| **I. Personnel:****II. Operating expenses:****III. INDIRECT COST:** |  |