APPLICATION FOR RESEARCH GRANT-2025

ANNEXURE I: GENERAL INFORMATION

I. Name and address of the student/ faculty/ clinician:

(Including Tel. No, Fax, Email, etc.)

IACDE Member Number:

2. Name and address of the HOD*:

(Including Tel. No., Fax, Email, etc.)

3. Specific area: Dental materials/ Conservative dentistry/ Endodontics

4. Project title:

5. Duration of the study:

6. Project summary (not more than 250 words):

7. Preliminary work done so far (only relevant to this project, not more than 150 words)

* - in case of students' application only

All duly filled in application form should reach the mail box of IACDE on or before midnight of 25th October 2025 (iacdeawards@gmail.com) Only Soft copy or scanned documents. No hard copies.

Annexure 2 (DETAILS ABOUT THE PROJECT)

I. Introduction (not more than 2 pages):

2. Specific objectives (methods to be followed for achieving the specific objective):

3. Literature review (not more than 2 pages):

4. Work plan (flowchart for methodology):

5. Timelines:

6. Where methodology will take place:

7. References:

ANNEXURE III (Budget Details with justification)

Should cover the following heads-

- Equipment
- Consumables
- Contingency which includes stationary, printing charges etc.
- Any other

ANNEXURE - IV

I, Dr. _____, the investigator in the project entitled

. ..... will assume full responsibility for implementing the project.

- The research work proposed in this scheme, does not in any way duplicate the work already done or being carried out elsewhere on the subject.
- In case the applicant is not available for any reason to continue the work on the project alternative arrangements will be made to employ suitable person.
- Proposal has not been submitted to any other agency for funding.
- Projects, which are clinically oriented or projects, which involve experiments with human and/or animal material, should be examined and certified by Institutional Ethics Committee.
- Incomplete application and application lacking scientific/technical details will not be considered.
- The date of work starts from the date on which the applicant receives the bank cheque from the Head office, IACDE.
- If this project is published- Financial interest- IACDE has to be acknowledged.

Signature of Applicant	Signature of HOD (if applicable)	Signature of Head of Institution (if applicable)

Seal of Institute/ Clinic