**APPLICATION FOR RESEARCH GRANT**

**ANNEXURE I : GENERAL INFORMATIOM**

1.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 15th September 2019. (iacdeawards@**[**gmail.com**](http://gmail.com/)**)**

**Only Soft copy or scanned documents . No hard copies.**

**Annexure 2 (DETAILS ABOUT THE PROJECT)**

1.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 include 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 Signature of Head of

Institution

(if applicable) (if applicable)

Seal of Institute/ Clinic