APPLICATION FOR RESEARCH GRANT-2022

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 05th October 2022 (iacdeawards@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

<u>ANNEXURE – IV</u>

	, the investigato		
full responsibility for implem	nenting 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 th	ne 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