

# **APPLICATION FOR RESEARCH GRANT-2022**

## **ANNEXURE I : GENERAL INFORMATION**

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 31<sup>st</sup> August 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

## 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