

SRI LANKA MEDICAL ASSOCIATION
APPLICATION FOR RESEARCH GRANT

PROPOSAL FORM

PART 1 – ADMINISTRATIVE INFORMATION

1.1 Name of Principal Investigator and Institution affiliation

Surname:

First name(s):

Title:

Sex: (M/F)

Full name of Institution:

Full postal address of Principal Investigator:

SLMA Membership NO:

Telephone:

Fax:

Email:

1.2 Title of Project: *(120 characters maximum)*

1.3a Proposed starting date:

1.3b Estimated duration:

1.4 Summary: *(Do not exceed 100 words)*

1.5 Acceptance by the Principal Investigator

If my application is successful, I shall be actively engaged in the project.

Signature of the Principal Investigator:

Date:

Declaration of institutional endorsement

I confirm that I have read this application and that, if support is granted, the work will be accommodated in the Department/Institution. I also confirm that the Principal Investigator, (name) is a full-time employee of this institution.

Responsible Administrative Authority

Signature:

Date:

Surname & initials:

Post:

Full name of Institution:

Full postal address:

Telephone:

Fax:

Email:

1.6 Institutional and national ethical clearance and approval *(Required if the proposal involves research on human subjects, including collection of human blood or other human tissue samples)*

Is ethical clearance required? Yes No

If "yes", is institutional ethical clearance document attached? Yes No

1.7 Use of animals

Are animals to be used in this project? Yes No

If "yes", list species and estimated number:

1.8. Supervisor

Declaration of supervisor

I confirm that I have read this application / guidelines and that, if support is granted, the work will be done under my supervision in the Department/Institution. I also confirm that the Principal Investigator,
..... (*name*) is a full-time employee of this institution.

Signature:

Date:

Surname & initials:

Post:

Full name of Institution:

Full postal address:

PART 2 - BUDGET

2.1 Budget Details

- 1. Personnel:
- 2. Supplies:
- 3. Equipment:
- 4. Animals:
- 5. Patient costs:
- 6. Travel:
- 7. Other expenditures:

TOTAL:

Chief Financial Officer of the Institution

Name:

Signature:

Date:

Principal Investigator

Name:

Signature:

Date:

2.2 Other support for the proposed project

Is this research currently supported by any other funding agency? Yes No

If "yes", give the name of the organization (s) and summarize and duration of support, with dates.

Is this or a substantially similar proposal currently being considered Yes No
If "yes", by what organization (s)? By what date is a decision expected?

2.3 Budget justification: ¹ The budget should clearly reflect the planned activities and the costs required. Justify each and every budget line stating how the cost figures were derived in relation to the activities to be undertaken.

PART 3 - PROJECT DESCRIPTION

3.1 Objectives and rationale

3.2 Experimental design and methods *(Including methods of data analysis, if applicable)*

3.3 Ethical considerations for projects involving human subjects

3.4 Critical assessment and possible limitation of approach in relation to project objectives

ANNEX A. CURRICULUM VITAE OF APPLICANT *(1 page maximum!)*

1. Surname :

Date of birth :

First name (s):

Nationality:

Sex :

2. Degree(s) *(subjects, university or school, year)*

3. Posts held *(type of post, institution/faculty/department, dates)*

4. Recent publications: *(if any)*