**Application for Registration of a Research Project Date:…………..**

***PART A***

|  |  |
| --- | --- |
| **Research Project Title** |  |

|  |  |  |
| --- | --- | --- |
| **Researcher** | Name |  |
| Position |  |
| Department  |  |
| Institution  |  |
| Contact number |  |
| Email id |  |
| Communication Address |  |

|  |  |  |
| --- | --- | --- |
| **Coworker 1** | Name |  |
| Position |  |
| Dept./Institution |  |
|  |
| **Coworker 2** | Name |  |
| Position |  |
| Dept./Institution |  |
|  |
| **Coworker 3** | Name |  |
| Position |  |
| Dept./Institution |  |
|  |
| **Coworker 4** | Name |  |
| Position |  |
| Dept./Institution  |  |
|  |
| **Coworker 5**  | Name |  |
| Position |  |
| Dept./Institution  |  |

***PART B***

**1. PROJECT LEVEL:** Undergraduate / Postgraduate / Faculty Academic position / PHD

If PHD Provide Details of the associated University and PHD Guide **…………………………………………………………………………………………………..**

**……………………………………………………………………………………………..........**

**2. PROJECT SCHEDULE:**

Proposed commencement date **:**

Proposed completion date  **:**

**3. STUDY AREA(S):** invio / invitro

Brief note**…………………………………………………………………………….................**

**………………………………………………………………………………………………….**

**………………………………………………………………………………………………….**

**4. ETHICS CLEARANCE :**

Has this research been supported by ethical committee**:** Yes/ No

**5. REPORTING PROCESS:**

How will the project be reported**:** Thesis / Scientific Presentation / Article Publication

If any others, Specify**……………………………………………………………………..........**

**…………………………………………………………………….............................................**

**6. Details of funding resources/sponsorer for research (if applicable):**

**……………………………………………………………………............................................**

**7. Attach a copy of Abstract/Synopsis explaining introduction, objectives, hypothesis, rationale, materials & methods along with the copy of ethical committee clearance for research.**

***PART C***

**1. COLLABORATION (if applicable) :**

Provide the details of the collaborator

|  |  |  |
| --- | --- | --- |
| **Collaborator** | **Name** |  |
| **Organization/Position** |  |
| **Department**  |  |
| **Institution**  |  |
| **Contact number** |  |
| **Email id** |  |
| **Communication Address** |  |

**2. DECLARATION BY THE GUIDE/HOD**  certify that Dr/Mr/Ms.……**……………………………………………………………** is doing his / her research work for MDS Degree under my guidance. I will be guiding His / Her research work and he /she should be able to submit his/her thesis in due course. I therefore, recommend that his /her application for registration be considered.

Place: **………………… …………………… ……………………**

Date: **…………………** Signature of the Guide Signature of the HOD

**3. DECLARATION BY THE APPLICANT**

I hereby declare that the information furnished above is true to the best of my knowledge and belief and I understand the responsibility and shall abide by rules and regulations of the committee.

 Place: **………………. ………………………………**

 Date: **………………..** Signature of the applicant

**For office purpose only**

**Report of the Research Committee**

Regarding the application of Dr/Mr/Ms…………………………………………………… the research committee met on……………………………………(Date) at ………………… (Time), to consider the application for registration of the research work.

The committee recommends that:

1. The candidate be **permitted to register** his/her name for the research work with effect from**………………**

Or

1. The candidate is **not permitted for registration** for the reason mentioned below

**……………………………………………………………………………………………………………………………………………………………………………………………………**

 **Dr.Gopal Nagargoje Dr.Sheeraz Badal**

 Convener, Chairman,

 Research Committee. Research Committee.

**Instructions to fill the form**

1. **Fill all the 3 parts of the application with ball point pen only. Part A- About the researcher, Part B- Details of the research, Part C- Collaborations & Declarations.**
2. **Sections which are not applicable can be mentioned as “NA” against them, incomplete filling of the form will be rejected without notice.**
3. **Submission of the form nowhere guarantees the acceptance of the research projects for registration.**

**List of documents to be submitted to Research Committee**

|  |  |  |
| --- | --- | --- |
| **Sr no.** | **Document** | **Remark** (Yes/No/Not applicable) |
| 1. | Application form of Researcher in prescribed format |  |
| 2. |  Research Synopsis (Briefly Abstract, Materials & Methods and Statistical Analysis) |  |
| 3. | IEC (Institutional Ethical Committee Clearance) Certificate issued by Ethical Committee |  |
| 4. | MOU (Memorandum of Understanding) Certificate. (If research work have to be done with collaboration with Lab, Institute or Industry)  |  |

### Note- One hard copy and One soft copy (research@mitmidsr.edu.in) of the above documents has to be submitted to the Research Committee