

Application for Financial Assistance for Research Projects

December 2025

Title of the project

Principal Investigator

Submission date

Submitted to

Multi-Disciplinary Research Unit (MRU)

Mysore Medical College and Research Institute

CONCEPT NOTE:

(Not more than 250 words)

Section A
GENERAL

1. Department:

2. Title of the Research Project:

3. Name and Designation of Principal Investigator:

Mobile No.

Email ID:

4. Name and Designation of Co- Investigators:

Mobile No.

Email ID:

5. Duration of Research Project (Should not exceed 2 years)

i) Period which may be needed for collecting the data

ii) Period that may be required for analyzing the data and submission of report

6. Amount of grant-in-aid asked:**1st year 2nd year Total**

| | | | |
|--|--|--|--|
| i. Cost of the kits, reagents and consumables. (Provide the break up details) | | | |
| ii. Cost per test done outside (in case if the concerned tests are not available in the institution) | | | |
| iii. Presentation in National conference (Max. limit is Rs. 10,000/- which includes registration fees only for the PI or Co-Investigators) | | | |
| iv. Contingencies (like stationary, photocopying, local conveyance, etc.) | | | |
| Total | | | |
| Amount in words | | | |

7. ETHICAL CLEARANCE:

A. Human

a) Does the Research Project involve experimentation on humans?

b) If Yes, has the Institutional Ethics Committee Clearance (IEC) obtained?

c) Grant will be released only upon receiving IEC clearance.

d) Is this a clinical trial? If yes, please give the Clinical Trial Registration India (CTRI) number with the date and enclose a copy of the same.

B. Animal

a) Does the project involve experimentation on animals? If Yes, name the animals and number of animals required.

b) If Yes, has the Institutional Animal Ethical Committee Clearance (IAEC) obtained?

c) Grant will be released only upon receiving IAEC clearance.

DECLARATION AND ATTESTATION

- i. I/We have read the terms and conditions for MRU Research Grant. All necessary Institutional facilities will be provided if the research project is approved for financial assistance.
- ii. I/We agree to submit within one month from the date of completion of the project the final report.
- iii. I/We agree to submit audited statement of accounts duly audited by the auditors/ Registered Chartered Accountants of the Institution.
- iv. It is certified that the equipment(s) required for the research project are available in the Institute/Department. If the equipments are not available the necessary tests required for the research project shall be done on cost per test basis outside the institution from an accredited / reputed / reference laboratory.
- v. All co-operation and co-ordination will be provided to the team of LRAC members as and when it visits the institution to monitor the progress of the Research project.
- vi. If the project is not completed for whatsoever reason within the stipulated time, the entire cost of the MRU research funding will be refunded by the Principal Investigator.

NAME

SIGNATURE

a) Principal Investigator _____

b) Co-Investigator(s) _____

c) Head of the Department _____

Date:

Section B

DETAILS OF THE RESEARCH PROJECT

Adequate information must be furnished in a brief but self-contained manner to enable MRU to assess the project.

1. Title of the project.

2. Aim & Objectives:

3. Need of the Study:

4. Review of Literature:

5. Materials & Methods:
(Should specify type of the study, Sample size, parameters to be tested)

6. Statistical methods for analysis of data:

7. Bibliography:

8. Preliminary work already done by the Investigator on this problem, e.g. selection of subjects, standardization of methods, with results, if any.

9. Is the proposed research project novel? If yes, give details.

10. What is the expected contribution of the research project to the knowledge base?

11. What is the expected advantage of the research project to the society at large?

12. Utility of the project for healthcare system.

Section C

BIODATA OF THE PRINCIPAL INVESTIGATOR / CO-INVESTIGATORS

1. Name:
2. Designation:
3. Details of the present employment: Permanent / Temporary
4. Complete Postal Address, with contact number & e-mail:
5. Date of Birth:
6. Educational Qualification : (Begin with Bachelor's Degree)

| Degree | Year | Institution/ place | University | Field / Specialty |
|--------|------|-----------------------|------------|-------------------|
| | | | | |

7. Research/Training Experience :

| Duration | Institution | Particulars of work done |
|----------|-------------|--------------------------|
| | | |
| | | |

8. Research specialization (Major scientific fields of interest)
9. Important recent original research publications (last 5 years, with titles and References), including papers in press in indexed national / international journals.
10. Previous research grants received:
 1. Funding agency
 2. Duration of the project
 3. Status of the project (Completed / on-going)

Signature of the PI/Co-investigator

**List of key instruments available at Multi-Disciplinary Research Unit
(MRU),
Mysore Medical College & Research Institute, Mysuru**

| Sl. No. | Name of the Instrument | Qty. |
|----------------|--|-------------|
| 1 | Inverted Fluorescence Microscope | 1 |
| 2 | Upright Fluorescent microscope with software for Karyotype & FISH analysis | 1 |
| 3 | Upright Binocular microscope | 1 |
| 4 | Microtome | 1 |
| 5 | Fully Automated Clinical Chemistry Analyzer- Cobas C311 | 1 |
| 6 | Immune Assay Analyzer | 1 |
| 7 | UHPLC | 1 |
| 8 | ELISA Reader and Washer | 1 |
| 9 | Nanodrop Spectrophotometer | 1 |
| 10 | Real Time PCR | 1 |
| 11 | PCR – Thermal Cycler | 1 |
| 12 | Gel Documentation system | 1 |
| 13 | Table top non-refrigerated Centrifuge | 2 |
| 14 | -80 °C Ultra low temperature Freezer | 1 |
| 15 | -20 °C Deep Freezer | 2 |
| 16 | Centrifuge –Minispin | 1 |
| 17 | Bio Spectrometer, basic | 1 |
| 18 | Mix mate - Vortex | 1 |
| 19 | Hyper-chrome Hybridization system | 1 |
| 20 | Electronic Balance | 1 |
| 21 | pH Meter | 1 |
| 22 | Refrigerators | 2 |
| 23 | Microwave Oven | 1 |
| 24 | Laboratory Centrifuge | 1 |
| 25 | Heating Block | 1 |
| 26 | Incubator | 1 |
| 27 | Water Bath | 1 |
| 28 | Gel Rocker | 1 |
| 29 | Blood Mixer | 1 |
| 30 | Horizontal Electrophoresis | 1 |
| 31 | Vertical Electrophoresis with blotting | 1 |
| 32 | Refrigerated Centrifuge | 1 |
| 33 | Bio Safety Cabinet | 1 |
| 34 | Ice Flaker | 1 |
| 35 | Shaker Incubator | 1 |
| 36 | Water purification system | 1 |
| 37 | CO ₂ Incubators for cell culture | 2 |
| 38 | Ultrasonic homogenizer (Sonicator) | 1 |

| | | |
|----|--|--------|
| 39 | Autoclave | 1 |
| 40 | Pipette | 5 sets |
| 41 | LED Projector with Accessories | 1 |
| 42 | UPS for -80 °C Deep Freezer | 1 |
| 43 | Temperature Chart Recorder for -80 °C Deep Freezer | 1 |
| 44 | RO water plant | 1 |