

3.0 Declaration of researcher

I declare that,

1. The above facts are true and correct.
2. This is not full or part of official duty.
3. This is not a copy of an alerted version of a previous research by me or another person.
4. Research expenses are not be incurred from the provisions granted to the institutions from the Consolidated Fund.
5. I have not obtained research allowance under the Management Services Circular No. 45 before as a Principal Investigator or as a co-researcher

- Please inform the name of the research title and the file number if you have already obtained research allowance under the Management Services Circular No. 45.

Research Title.....

.....

.....

File No. ETR/E/MC/RP/...../20.....

I am aware that if any fault in facts of my declaration I am subject to departmental disciplinary action.

.....
Signature

.....
Date

4.0 Observation and Recommendation of the Head of Institution / Decentralized Unit / Specialised Campaign.

I certify the particulars furnished by the medical officer, are correct. (State any incorrect information, if furnished by the applicant)

.....
Signature of Head of Institution

.....
Signature of Head of Decentralized Unit / Special Campaign

.....
Date

.....
Date

Observation and Recommendation of the Regional Director of Health Services.

.....
Signature

.....
Date

5.0 Details of Co-researchers

Name of Co-researchers	NIC Number	Current Working Station	Date to current institution	Contact No.																				
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6.0 Check List

Items	Submitted
Introduction and justification	
Objectives	
Literature review	
Methodology	
Time line / Gantt Chart	

7.0 Type of Research (mark the relevant cage only)

Type of Research	
Basic research	√
Clinical trials	
Epidemiological research	
Evaluation research	
Qualitative research	
Quantitative research	
Service or programme monitoring and evaluation	
Other	

8.0 Declaration of Researcher

I declare that the above facts are true and correct.

.....
Signature

.....
Date

Please submit under mentioned documents to the ET&R Unit.

1. Principal Investigator

- a. Properly filled application form
- b. Certified copy of the NIC
- c. Latest pay slip original or certified copy
- d. Certified copy of the SLMC Registration
- e. Ethical review committee approval
- f. Approval of the Board of Study if PGIM candidate
- g. 3 hard copies & one soft copy of the research proposal including Gantt chart and budget report
- h. Annexure II & III

2. Co-researchers

- a. Properly filled application form
- b. Certified copy of the NIC
- c. Latest pay slip original or certified copy
- d. Certified copy of the SLMC Registration

Under mentioned letters should be addressed to DDG (ET&R) by the Principal Investigator

3. Request letter for the research allowance (Please fill Annexure I)
4. Date of commencement of the research (Please fill Annexure I)
5.
 - i. Date of completion of 6 months of the research (Please fill Annexure I)
 - ii. A progress report of the research should be submitted if the research has started six months before the date of submission.
 - iii. And a progress report of the research should be submitted following six months from the date of commencement.
6.
 - i. Date of completion of one year of the research (Please fill Annexure I)
 - ii. Final report should be submitted at the end of first year.
 - iii. Please refer essential requirements from the Management Services Circular No. 45 for the continuation of the research allowance for the 2nd year.

Annexure I

Name of the Principal Investigator,

Designation.....,

Working place.....,

Address.....,

Date...../...../.....

Dr. Sunil De Alwis,
Deputy Director General (Education, Training and Research),
Ministry of Health,

Dear Sir,

Request for Research Allowance Under the Management Services Circular – No. 45

Title:
.....
.....

I would like to forward the above titled research proposal for the research allowance under the Management Services Circular No: 45 for your kind consideration, which I commenced on/...../.....

Date of completion of 6 months:/...../.....

Date of completion of one year:/...../.....

Please be kind enough to do the needful for this request.

.....
(Signature of the Principal Investigator)

Annexure II

Details (Should Be filled only by the Principal Investigator)	Office Use Only	File No: ETR/E/MC/RP...../.....
1. Date of handing over the Research Proposal to ET & R Unit		
2. Research Topic		
3. Name of the Principal Investigator		
4. Designation		
5. Working Station		
6. Address of the Working Station		
7. Mobile No.		
8. Office Phone Number		
9. E-mail Address		
10. Name of the Ethical Clearance Committee		
11. Date of Ethical Clearance		
12. No. of Co-Researches		
13. If the Research Proposal is already approved by PGIM Board of Study –		
A. The Name of the Board of Study		
B. Date of Approval by the Board of Study		
14. Signature of the Principal Investigator		

Annexure III

Approval of research Allowance as per Management Services Circular No: 45

1. Research Title:

.....

.....

.....

2. Details of Researches:

	Name	NIC No:	SLMC Registration No:	Place of Work	Paying Officer
1	Principal Investigator				
2	Co-Investigators				
3					
4					
5					

3. Ethical Review Committee

a) Name of the Ethical Review Committee:

b) Date of Approval:/...../.....

4. For Post Graduate Research Proposals of PGIM

Approval of Board of study..... of PGIM on/...../.....

5. Date of submission of the research proposal to ET&R unit:/...../.....

6. a) Date of commencement of the research:/...../.....

b) Progress report submitted on/...../.....

Annexure III

For office use only:

1. Reviewers recommendations on pre-proposal:

i. Reviewer- 01: Dr.....Approved on...../...../.....

ii. Reviewer -02: Dr.....Approved on...../...../.....

2. Prepared By:

a. Signature:

b. Name:

c. Date:/...../.....

3. Reviewed and Recommended by:

I recommend and forward the request made by the above medical officer/s for research allowance as per management services circular No: 45, dated 07.04.2011 as the candidate/s fulfilled the criteria (as 1-6) required for research allowance. I seek your approval for commencement of the payments for a period of two years from/...../.....

.....

DDG (ET&R)

Date:

.....

Director (Planning)

Date:

.....

Director (Medical Services)

Date:.....

Approved / Not Approved

.....

Secretary Health

Date: