Application Form

This form is to facilitate the submission of research proposals to the IITM-IHEC for review and take guidance of IITM-IHEC to conduct the research as per the prescribed guidelines of ICMR. The responsibility for conducting research in accordance with the guidelines rests with the applicant, while the Head of Department will ensure compliance.

1.	Title o	f the Proposal:							
2.	Facult	y Details:							
	a.	Name:	Department:						
	b.	Email:	Phone Number:						
3.	3. Mode of Payment* for Review: (Please select one)								
	☐ Through Project (If yes, please enclose the project details)								
	☐ Pay to SRICCE Project account								
	*Rs. 5,000/- (plus applicable taxes) per research proposal to be paid to IITM-IHEC for								
Please attach a copy of the proposal to be reviewed and mention the nu printed pages:									
	Date:		Signature of the Applicant						
Recon	nmenda	ations of HoD:							
			Signature of HoD with Date						

То

The Office of SRICCE

Office Use Only

1.	the rele	evant head fro	om which th	ne deduc	tion will	be ma	cate the availabilit ade. Alternatively, by of the bank sta	if payment is			
	Amount to be paid to IITM-IHEC for review: Rs.										
							SRICCE	-ACCOUNTS			
AR-SF	RICCE										
Submi	tted for	Approval									
		PIC-MOU					Dean-SRICCE				
Approved/ Not-Approved											
Director											