

IHEC – 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 of the Proposal & Funding Agency:

2. Faculty Details:

a. Name: Department:

b. Email: Phone Number:

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 review.

4. Please attach a copy of the proposal to be reviewed and mention the number of printed pages:

Date:

Signature of the Applicant

Recommendations of HoD:

Signature of HoD with Date

Recommendations of PIC-IHEC/MOU

Signature of PIC-IHEC/MOU

Office Use Only

1. If payment is to be made through a project, please indicate the availability of funds and the relevant head from which the deduction will be made. Alternatively, if payment is already made to SRICCE account, please attach a copy of the bank statement.

Amount to be paid to IITM-IHEC for review: Rs.

SRICCE-ACCOUNTS

Superintendent, SRICCE

Remarks / Recommendations of Dean(SR)

Dean-SRICCE

Approved/ Not-Approved

Director