

RESEARCH PROPOSAL - BUDGET FORM

TO BE FILLED UP FOR SPONSORED PROJECTS

Vn

1.0.03.09

1	PROJECT CODE :	Initiated on date:						
2	Nature of Study :							
3	Name of Project Investigator :							
4	Name of Co- Investigator :							
5	Duration of Study :							
6	No of patients under study :							
7	Funded/Sponsored by :	(Tick the Box)	MRC		Sponsored			
8	Name of the Sponsorer & Address :	(If Any)						
9	Budget Estimate(Per completed patient*) [*-including point 10 to point 19) :	Total Amount						
		Rs.						
	Budget Details	(Mention whichever is applicable to the project.)						
10	Chief Investigator Fee :							
11	Co-investigator Fee :							
12	Patient Travel Allowance :							
	Total no of visits per patient :							
	Rs. Per Visit	Rs. Per Project	N.A.					
13	Capital Equipment :	Name :						
		Value Rs.	(Raise CAP form if m/c is required to be purchased)					
14	Conference / Publications :	Rs.						
15	Research Fellow/Clinical Asst.	(Tick the Box)	In-house		New		NA	
16	Salary Details (Provide separately if required))	Name	No of Patients under study	Salary - Rs.				
				Per patient	Per Project	Per month		
	Research Fellow / Clinical Asst etc. (If Sample Size < 10 - Salary Per Patient , Sample Size > 10 - Salary Per Month)							
	Secretary (If Sample Size < 10 - Salary Rs.800 Per Patient , Sample Size > 10 - Salary Rs.1000 Per Month)							
	Lab Tech / Nursg / Pharmacist (Applicable only if specifically mentioned by Chief Investigator)							
	Total							

17	Investigations / Tests (IPD or OPD)		<i>Existing Test</i>	<i>No of Patients</i>	<i>Repeated Nos</i>	<i>Tariff Rs.</i>	<i>Total Amount</i>
			Yes/No	(A)	(B)	(C)	= A * B * C
	Screening patient						
	1)						
	2)						
	3)						
	4)						
	5)						
	6)						
	7)						
	Total for screening patient						
	Enrolled patient						
	1)						
	2)						
	3)						
	4)						
	5)						
6)							
7)							
8)							
Total for enrolled patient							
Total for all investigations							
(Note : Provide separate list as annexure if required)							
18	Material / Consumables	:	<i>Qty Required</i>	<i>UOM</i>	<i>Rate / Unit</i>	<i>Total Amt Rs. (incl Tax & Duty)</i>	
			(A)		(B)	= A * B	
	1)						
	2)						
	3)						
	4)						
	5)						
	6)						
	7)						
	Total						
(Note : Provide separate list as annexure if required)							
19	Contingency / Miscellaneous		:	Rs.			
20	Institutional Charges (20% of and above the expected budget per patient - no 9)		:	Rs.			
21	BUDGET TOTAL AMOUNT		:	Rs.	(Add Sr No 10 to 20)		

22	Additional budget: Amount per screen failures: : Rs.
23	REMARKS :
24	INITIALS BY : _____ <i>Initiated by</i> <i>Principal Investigator</i>