

APPLICATION FOR RESEARCH PROJECT

MEDICAL EDUCATION & RESEARCH TRUST®
KARNATAKA
NO.16/F,API BHAVAN, MILLERS TANK BUND AREA
VASANATHANAGAR, BANGALORE-560 052
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RESEARCH PROJECT PROFORMA

1. Name and age of the Chief Investigator:
2. Co-Investigator :
3. Supporting Staff :
3. Details of the Project :
.....
.....
4. Duration of the period :
5. Budget for the project :
(Details to be provided)
1. Institution responsible for
the project:
2. Financial help from any
other source:
3. Ethical Clearance Certificate :
4. Signature from the Head of the
Institution:

PLEASE NOTE:

1. Trust will not finance purchase of Equipments and other infra-structure Facilities.
2. The project has to be forwarded through the Head of the Institutions.

PROJECT DIRECTOR

DETAILS OF THE PROJECT

A TITLE OF THE PROJECT

B. Aims and objectives of the project(precise and numbered)

C. Brief background of the present proposal with a review of key literature including work done by the applicants, outlining the importance of the proposed work in relation to the work already done in that field.

D. An outline of the methods to be used: