

# **APPLICATION FOR RESEARCH GRANT-2024**

## **ANNEXURE I : GENERAL INFORMATION**

1. Name and address of the student/ faculty/ clinician :

(Including Tel.No, Fax, Email, etc.)

IACDE Member Number:

2. Name and address of the HOD\*:

(Including Tel.No., Fax, Email, etc.)

3. Specific area: Dental materials/ Conservative dentistry/ Endodontics

4. Project title:

5. Duration of the study:

6. Project summary (not more than 250 words):

7. Preliminary work done so far (only relevant to this project, not more than 150 words)

\* - in case of students' application only

**All duly filled in application form should reach the mail box of IACDE on or before midnight of 5<sup>th</sup> November 2024. ([iacdeawards@gmail.com](mailto:iacdeawards@gmail.com))**

**Only Soft copy or scanned documents. No hard copies.**

## **Annexure 2 (DETAILS ABOUT THE PROJECT)**

1. Introduction (not more than 2 pages):
  
2. Specific objectives (methods to be followed for achieving the specific objective):
  
3. Literature review (not more than 2 pages):
  
4. Work plan (flowchart for methodology):
  
5. Timelines:
  
6. Where methodology will take place:
  
7. References:

### **ANNEXURE III (Budget Details with justification)**

Should cover the following heads-

- Equipment
- Consumables
- Contingency which includes stationary, printing charges etc
- Any other

## ANNEXURE - IV

. I , Dr \_\_\_\_\_, the investigator in the project entitled

..... will assume full responsibility for implementing the project.

- The research work proposed in this scheme, does not in any way duplicate the work already done or being carried out elsewhere on the subject.
- In case the applicant is not available for any reason to continue the work on the project alternative arrangements will be made to employ suitable person.
- Proposal has not been submitted to any other agency for funding.
- Projects, which are clinically oriented or projects, which involve experiments with human and/or animal material, should be examined and certified by Institutional Ethics Committee.
- Incomplete application and application lacking scientific/technical details will not be considered.
- The date of work starts from the date on which the applicant receives the bank cheque from the Head office, IACDE.
- If this project is published- Financial interest- IACDE has to be acknowledged.

Signature of Applicant

Signature of HOD

Signature of Head of

Institution

(if applicable)

(if applicable)

Seal of Institute/ Clinic