



CLINICAL RESEARCH COUNCIL

**NIZAM'S INSTITUTE OF MEDICAL SCIENCES
PANJAGUTTA : : : HYDERBAD**

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STRUCTURE OF CLINICAL RESEARCH COUNCIL

I. Clinical Research Cell

Prof. M.U.R.Naidu, Dean &
HOD of C.P&T

As Clinical Research
Co-ordinator

II. Project & Budget Approval Committee

Prof.D.Prasada Rao, Director

Prof.M.U.R.Naidu, Dean & Clinical Research Co-Ordinator

Sri.G.Srinivasulu, Executive Registrar

Sri.V.Sridhar, Financial Controller

Prof.S.Venkataratnam, Medical Superintendent

MEETING:-

The Committee will meet twice in a month i.e., 2nd & 4th Wednesday at 11:00 a.m. of every month in the Director's Chamber to review research projects and budget plan and other documents for consideration and give its approval.

GUIDELINES FOR PROJECT AND BUDGET APPROVAL COMMITTEE

1. All the staff are required to submit their project Proposal and budget plans for the approval to the committee headed by the Director.
2. Proposals and tentative budget plan must be submitted in duplicate in the format given 'A' and 'B' for the review and consideration.
3. Committee will meet twice a month to approve all project related documents (including agreements) and budget. One copy of the approval letter duly signed by Director and Finance Controller will be returned to investigator with project registration Number.
4. This project registration number must be referred by the Investigator for all future correspondence so that the research activities, data bank can be developed by the Institute.
5. Clinical Research Cell will maintain the data bank.
6. Investigator can request for the modification and reapproval of the budget as and when needed.
7. Finance Controller will release the fund as and when requested by Principal Investigator as per the guidelines (Fund Utilization), once the budget is approved by the Director.

Contd.2....

8. Investigator will be required to submit the project account details to Finance Controller before 15th March & 15th September every year for Institute accounting purposes.
9. Clinical Research Co-ordinator will Co-ordinate all the clinical research activity and will provide necessary assistance and guidance to all staff as and when required.
10. Clinical Research Cell to review and evaluate and facilitate the Clinical Research in the Institute. It is also decided to establish Project and Budget Approval Committee to review and approve the proposal.
11. The Clinical Research Cell is headed by the Dean and the Budget Approval Committee is headed by the Director.
12. All the Principal Investigators are requested to submit their proposals for Budget approval to release the funds as and when required in prescribed format " A, B, C & D" .
13. All the proformae are available at Clinical Research Cell (Presently Ethics Committee Office) which is opp.to Dean's Peshi. The Principal Investigators are requested to download the proforma from Clinical Research Cell.

FORM "A"

RESEARCH PROPOSAL REGISTERED FORM

NIMS RESEARCH DATA BASE

CRC NO: _____
(FOR OFFICE USE)

1. Name of Investigator :
2. Department :
3. Designation :
4. Co-Investigators :
 - 1.
 - 2.
 - 3.
5. Title of the Project :
6. Year of Study :
7. Sponsor's Name : Self
8. Ethic's Committee approval received : Yes NO NA
(Inform the status as and when received from Ethic Committee)
9. Publication : Yes / No

if yes give reference and send a copy of reprint for official documentation (Please inform and send reprint copy to research cell whenever the data from the project is published)

FORM "B"

APPLICATION FOR PROJECT PROPOSAL APPROVAL

CRC No: _____
(for official use)

To,

Chairman, (Director)
Project & Budget Approval Committee

- 1) Title of the Project :
- 2) Principal Investigator :
- 3) Designation :
- 4) Department :
- 5) Proposal Type : Academic / Sponsored
- 6) Sponsor's Name :
- 7) Proposed date of starting project :
- 8) Duration of Project :
- 9) *Enclosures :
(for list of enclosures see next page)

ENCLOSURES:

1. Research Proposal Registered form. Enclosed Yes / No
2. Short summary (Synopsis) of research proposal. Enclosed Yes/ No
3. Xerox copy of request letter from sponsor if applicable. Enclosed Yes / No
4. Agreement letter (for Director's approval) if applicable. Enclosed Yes / No
5. Any Other documents. (Specify) Enclosed Yes / No
6. Tentative Budget plan form 'C'. Enclosed Yes / No

Kindly approve the above documents

Name & Signature of the Principal Investigator:

Name & Signature of the CO-Investigators:

1.

2.

3.

Date :

FORM "C"

BUDGET DETAILS FOR APPROVAL

CRC NO: _____
(for official use)

Title of the Project:

Principal Investigator:

Department:

| ITEMS | AMOUNT IN RUPEES |
|---|-------------------------|
| 1. Infrastructure | |
| 2. Equipment | |
| 3. Equipment Maintenance Charges | |
| 4. Salaries | |
| 5. Investigation Charges | |
| 6. Charges for Hospital Stay | |
| 7. Subject Compensation (Incl. Transport, Meals etc.,) | |
| 8. Travel | |
| 9. Institutional Over Heads | |
| 10. Research Allowances to Investigators | |

CRC No. _____
(for official Use)

| | |
|--|--|
| 11. Consultation fee/ Professional Charges | |
| 12. Xerox, Stationary & Courier | |
| 13. Telephone & Fax | |
| 14. Computer | |
| 15. Computer Accessories | |
| 16. Consumables | |
| 17. Others | |
| 18. Miscellaneous | |

Total Rs. _____

Kindly approve the above Budget Proposed.

Name & Signature of the Investigator :

Name & Signature of the Co-Investigators:

Date:

Note:- Principal Investigator is requested to submit the grant Utilization Statement at the end of every Financial Year for audit purpose

(for official use)

Lr.No:

Date:

**DIRECTOR/
AUTHORISED PERSON
Project & Budget
Committee**

**FINANCIAL CONTROLLER
Project & Budget Approval
Approval Committee**

FORM ' D '

"PRESENT STATUS OF ONGOING PROJECTS / STUDY"

Principal Investigator Name: _____

As a Principal Investigator as on today following projects / studies are presently on going with me.

| S.No. | Project Title in Short | Initiated on (Date) | Tentative date of Completion |
|--------------|-------------------------------|----------------------------|-------------------------------------|
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Signature of the Investigator:

Date: