

**Performa for Intramural Research Grant (IMRG)**

**(Handwritten Form will not be accepted)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Title of the Research Proposal** | **:** |  |
| **2.** | **Priority Research Area***(Tick the sub category of the selected research area in Annexure-I)* | **:** | Health and Biomedical Sciences [ ] Science, Technology, and Environment [ ] Social Sciences and Humanities [ ]  |
| **3.** | **Name of the PI***(Emp. ID, Designation, Department, Faculty, Email ID & Mobile No. are mandatory)* | **:** |  |
| **4.** | **Name of Co-PI****(Restricted up to two)***(Emp. ID, Designation, Department, Faculty, Email ID & Mobile No. are mandatory)* | **:** |  |
| **5.** | **Project Type** | **:** | Applied Research [ ]  Proof of concept [ ] Conceptual framework of the model [ ]  Others [ ]   |
| **6.** | **Project Duration** *(in months)* | **:** |  |
| **7.** | **Origin of the Proposal** *(½ page)* |
|  |  |
| **8.** | **Objectives** | **:** |  |
| **9.** | **Review of the status of Research and Development in the subject** *(max.1 page)* |
|  |  |
| **10.** | **Importance of the proposed project** *(½ page)* |
|  |  |
| **11.** | **Methodology** |
|  |  |

|  |  |
| --- | --- |
| **12.** | **Time Schedule** |
|  |  |
| **13.** | **Expected Outcome from the project** *(½ page)* |
|  |  |
| **14.** | **Roles & Responsibilities of PI & Co-PI** |
|  |  |
| **15.** | **Budget estimate along with justification for the proposed project** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Items** | **Amount (Rs.)** | **Justification** |
| 1. | Consumables  |  |  |
| 2. | Others (specify) |  |  |
| 3. | Equipment (non-recurring) |  |  |
|  | **Total** |  |  |

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**DECLARATION:**

Certified that the details furnished above are correct to the best of my knowledge and belief and that the amount of financial assistance, if granted, will be utilized for the purpose for which it is granted within the time prescribed by SGT University. I also undertake to abide by the rules and other conditions prescribed by the grantee.

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**Signature of the PI Signature of the Co-PI**

**Comments of Faculty Internal Research Committee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dean of Faculty**

*(with seal)*

**Date:** April 19, 2025

***Annexure-I***

**PRIORITY RESEARCH AREA**

*(Tick the below sub areas as per selected research area in section 2)*

**Health and Biomedical Sciences**

* Public Health and Preventive Medicine [ ]
* Communicable and Non-Communicable Diseases [ ]
* Mental Health, Substance Use, and Behavioral Sciences [ ]
* Traditional Medicine and Integrative Health Systems (AYUSH) [ ]
* Medical Devices and Diagnostics [ ]
* Pharmacovigilance, Drug Discovery, and Clinical Trials [ ]
* Genomics and Personalized Medicine [ ]

**Science, Technology, and Environment**

* Artificial Intelligence and Machine Learning in Health and Social Research [ ]
* Climate Change, Sustainability, and Environmental Health [ ]
* Nanotechnology and Biomedical Applications [ ]
* Renewable Energy and Green Technologies [ ]
* Agriculture, Nutrition, and Food Security [ ]

**Social Sciences and Humanities**

* Gender, Identity, and Social Inclusion [ ]
* Policy Research and Governance Studies [ ]
* Education, Pedagogy, and Digital Learning [ ]
* Indigenous Knowledge Systems and Cultural Studies [ ]
* Language, Literature, and Society [ ]
* Migration, Urbanization, and Demographic Studies [ ]