Government of West Bengal
Office of the Principal
Nilratan Sircar Medical College
138, A J C Bose Road, Kolkata – 700014
Website: www.nrsmc.edu.in; e-mail: principal@nrsmc.edu.in principalnrsmc@gmail.com

Memo No.: NMC/ 2633 **Date** ...11...../...06...../**2024**

NOTICE

Research proposals are invited for Multidisciplinary Research Unit (MRU) to be considered in the next Local Research Advisory Committee's (LRAC) meeting. Applications are to be submitted in the format attached below to the **mail id: mru@nrsmc.edu.in** . Proposals should be planned for a maximum duration of two (2) years. Selected proposals can use the infrastructural facilities of MRU like laboratory space, support of scientists & technicians, equipment facilities and consumables. Budget for consumables and contingencies for individual proposals can be supported as per MRU capacity and norms. Budget should not exceed a maximum ceiling of Rs. 2 lakhs.

Note:

- The proposals should strictly be submitted on non-communicable diseases and a clear estimate for consumables & contingencies should be provided under respective head.
- The proposals with multidisciplinary involvement (2-3 different departments) and relevance to institutional patient care will be given preference.
- Selected proposals will get additional assistance of MRU manpower but will have to be executed by each submitting team.
- A quarterly review of the progress for each accepted proposal will be made and PI needs to present the same before Nodal Committee and LRAC.

Last date for submission of proposal is 21st July 2024

Nodal Officer
MRU
NRS Medical College
Kolkata-14
Nodal Officer
Multidisciplinary Research Unit (MRU)
NRS Medical College, Kolkata

11-6-24
Principal
NRS Medical College, Kolkata
Principal
N. R. S. Medical College
Hospital, Kolkata-14

Application Format for Proposal Submission in MRU for Review of Local Research Advisory Committee (LRAC)

SECTION A - BASIC INFORMATION

1. Name of Principal Investigator:

2. Name of the Department: 3. Date of submission:

4. Title of the study:

   a. Short title, (If any):

   b. Duration of the Study (maximum 2 years):

5. Details of Investigators:

Name	Designation and Qualification	Department and Institution	Address for communication
Principal Investigator			
Co-investigators/student/fellow			

6. Total estimated budget for site:

Self-funding ☐ Institutional funding☐ Funding Agency *(Specify)* ☐

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7. Approximate Fund Requirements to execute the said Research proposal from MRU

Category	**Source**	**Specifications**	**Approximate costs (INR)**
Investigations			
Consumables			
Others (specify)			
Total			
Grand Total			

SECTION B – RESEARCH RELATED INFORMATION

Overview of Research:

1. Summary (within 500 words):
    - Introduction
    - Brief description on Hypothesis
    - Statement of the problem
    - Research Objectives
    - Expected Outcome
    - Reference (not to be included within 500 words)

2.Type of study:

Basic Sciences	☐	Clinical	☐	Cross Sectional	☐
Retrospective	☐	Epidemiological/	☐	Case Control	☐
Prospective	☐	Public Health		Cohort	☐
Qualitative	☐	Socio-behavioral	☐	Systematic Review	☐
Quantitative	☐	Biological samples	☐		
Mixed Method	☐	Any others *(Specify)*	☐		

3. Methodology:

(Including the below mentioned points)

- Sample size/ number of participants *(as applicable)*
- Justification for the sample size
- Brief description of protocol
- Work plan & Time line

Is there an external laboratory/ out sourcing involved for investigations? Yes☐ No☐ NA☐

If yes, specify:

……

……

……

Note: *IEC clearance will be required after LRAC approval*

SECTION C – PARTICIPANT RELATED INFORMATION

1. Recruitment and Research Participants

a. Type of participants in the study:

Healthy volunteer☐ Patient ☐ Vulnerable persons/ Special groups☐

Others ☐ *(Specify)*

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.....

Is there any reimbursement to the participants? Yes☐ No ☐

If yes,

Monetary☐ Non-monetary☐ Provide details

.....

.....

Are there any incentives to the participants Yes☐ No☐

If yes,

Monetary☐ Non-monetary☐ Provide details

.....

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b. Are there any participant recruitment fees/ incentives for the study provided to the PI/Institution Yes☐ No☐

If yes, Monetary☐ Non-monetary☐ Provide details

.....

.....

2. Benefits and Risks

i. Are there any anticipated physical/ social/ psychological discomforts/ risk to the participants Yes☐ No☐

If yes, categorize the level of risk

Less than Minimal risk	☐
Minimal risk	☐
Minor increase over minimal risk or low risk	☐
More than minimal risk or high risk	☐

ii. Describe the risk management strategy:

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iii. What are the potential benefits from the study?

	Yes	No	Direct	Indirect
For the participant	☐	☐	☐	☐
For the society/ community	☐	☐	☐	☐
For improvement in science	☐	☐	☐	☐

Please describe how the benefits justify the risks

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……

iv. Are adverse events expected in the study? Yes☐ No☐ NA☐

v. Are reporting procedures and management strategies described in the study? Yes☐ No☐

If Yes, Specify ……

……

3. Payment/ Compensation

i. Who will bear the costs related to participation and procedures?

PI ☐ Institution ☐ Sponsor ☐ Other agencies ☐ (specify)

…… ……

ii. Is there a provision for free treatment of research related injuries? Yes☐ No☐

If yes, then who will provide the treatment?

……

iii. Is there a provision for compensation of research related SAE? Yes☐ No☐

If yes, specify.

……

iv. Is there any provision for medical treatment or management till the relatedness is determined for injury to the participants during the study period? Yes ☐ No☐

If yes, specify.

……

SECTION D – OTHER ISSUES

Publication, Benefit

Will the results of the study be reported and disseminated? Yes☐ No ☐

If yes, specify.

……

……

Is there any commercial value or a plan to patent/ IPR issues? Yes☐ No ☐

If yes, please provide details

……

……

Do you have any additional information to add in support of the application, which is not included elsewhere in the form? Yes☐ No ☐

If yes, provide details.

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……

SECTION E – DECLARATION

DECLARATION (Please tick as applicable)	
☐	I/ We certify that the information provided in this application is complete and correct.
☐	I/ We confirm that all investigators have approved the submitted version of proposal/ related documents.
☐	I/ We confirm that this study will be conducted in accordance with the latest ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants and other applicable regulations and guide-lines.
☐	I/ We confirm that this study will be conducted in accordance with the Drugs and Cosmetics Act 1940 and its Rules 1945 as amended from time to time, GCP guidelines and other applicable regulations and guidelines.
☐	I/ We will ensure that personnel per forming this study are qualified, appropriately Trained and will adhere to the provisions of the EC approved protocol.
☐	I/ We declare that the expenditure in case of injury related to the study will be taken care of.
☐	I/ We confirm that an undertaking of what will be done with the left over samples is provided, if applicable.
☐	I/We confirm that we shall submit any protocol amendments, adverse events report, significant deviations from protocols, progress reports (if required) and a final report and also participate in any audit of the study, if needed.
☐	I/We confirm that we will maintain accurate and complete records of all aspects of the study.
☐	I/We hereby declare that I/any of the investigators, researchers and/or close relative(s), Have no conflict of interest (Financial/Non-Financial) with the sponsor(s) and outcome of study.
☐	I/We have the following conflict of interest (PI/Co-PI): 1…… …… …… 2…… …… …… **Name of PI:…… Signature & Seal:……** **Name of Co-PI:…… Signature & Seal:……** **Name of Co-PI:……Signature & Seal:……** **Date:**

SECTION F – CHECKLIST

Sr.No.	Items	Yes	No	NA	Enclosure No	IEC Remarks (If applicable)
ADMINISTRATIVE REQUIREMENTS						
1	Cover letter	☐	☐	☐		
2	Brief CV of all Investigators	☐	☐	☐		
3	IEC clearance	☐	☐	☐		
4	Agreement between collaborating partners	☐	☐	☐		
PROPOSAL RELATED						
5	Copy of the detailed protocol	☐	☐	☐		
6	Participant Information Sheet (PIS) and Participant Informed Consent Form (ICF) (English and translated)	☐	☐	☐		
7	Proforma/Questionnaire/Case Report Forms (CRF) /Interview guides/ Guides for Focused Group Discussions (FGDs) (English and translated)	☐	☐	☐		

Signature of PI/Applicant with Seal: **Date:**