



Government of West Bengal
Office of the Principal
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Memo No.: NMC/182

Date ...13.../...01.../2023

NOTICE

Research proposals are invited for Multidisciplinary Research Unit (MRU) to be considered in the next Local Research Advisory Committee's 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.

Note:

- The proposals should strictly be submitted on non-communicable diseases and a clear budget estimate for consumables & contingencies should be provided under respective head.
- The proposals with multidisciplinary involvement (2-3 different departments) and relevant to be used in institutional patient care will be given preference.
- Selected proposals will get additional assistance of MRU manpower but will also require active participation of each submitting authority for execution of the same.

Last date of submission of proposal is 28.02.2023.

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

Nodal Officer
MRU
NRS Medical College
Kolkata-14

Principal
NRS Medical College, Kolkata
Principal
N. R. S. Medical College
Kolkata



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. Acronym/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			
Equipment			
Others (specify)			

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 | <input type="checkbox"/> | Clinical | <input type="checkbox"/> | Cross Sectional | <input type="checkbox"/> |
| Retrospective | <input type="checkbox"/> | Epidemiological/ | <input type="checkbox"/> | Case Control | <input type="checkbox"/> |
| Prospective | <input type="checkbox"/> | Public Health | | Cohort | <input type="checkbox"/> |
| Qualitative | <input type="checkbox"/> | Socio-behavioral | <input type="checkbox"/> | Systematic Review | <input type="checkbox"/> |
| Quantitative | <input type="checkbox"/> | Biological samples | <input type="checkbox"/> | | |
| Mixed Method | <input type="checkbox"/> | Any others (<i>Specify</i>) | <input type="checkbox"/> | | |

3. Methodology:

(Including the below mentioned points)

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

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

If yes, specify:

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.....

Comments of LRAC, if any (100 words)
(For office use only)

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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

.....
.....

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:

.....
.....
.....

iii. What are the potential benefits from the study?	Yes	No	Direct	Indirect
For the participant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For the society/ community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For improvement in science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how the benefits justify the risks

.....

.....

.....

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)	
<input type="checkbox"/>	I/ We certify that the information provided in this application is complete and correct.
<input type="checkbox"/>	I/ We confirm that all investigators have approved the submitted version of proposal/ related documents.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I/ We declare that the expenditure in case of injury related to the study will be taken care of.
<input type="checkbox"/>	I/ We confirm that an undertaking of what will be done with the left over samples is provided, if applicable.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I/We confirm that we will maintain accurate and complete records of all aspects of the study.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Brief CV of all Investigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Approval of LRAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	IEC clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Agreement between collaborating partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PROPOSAL RELATED						
6	Copy of the detailed protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Participant Information Sheet (PIS) and Participant Informed Consent Form (ICF) (English and translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Proforma/Questionnaire/Case Report Forms (CRF) /Interview guides/ Guides for Focused Group Discussions (FGDs) (English and translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Signature of PI/Applicant with Seal:</p> </div> <div style="width: 45%;"> <p>Date:</p> </div> </div>						