



Ramaiah Medical College and Hospitals

Division of Research and Patents

Registration of Project proposal

Title of the Project:

Ramaiah Medical College

Role	Name	Designation	Department
PI			
CO-PI			
Co Investigators			

Collaborations: Yes / No

If Yes: Enclose MOU / Letter of Association: Yes/No; Date:

Details of previous reference of collaborations and brief reason or justification for collaboration:

If Yes: **Other Institutional Researchers**

Role	Institution	Name	Designation	Department
PI				
CO-PI				
Co Investigators				

Expected Date of Commencement: *DD/MM/YYYY* **Closure:** *DD/MM/YYYY*

Structured Abstract of the Proposal (200 words)

Introduction	
Objectives	
Methods	
Expected Outcome	
Total budget estimate:	Source of funding:

Intellectual Property Rights:

Potential Publications:

Potential Patents: Yes / No Other (s): *Specify*

Translational potential (*How the outcome can be applied to practice?*)

For DRP Office Use

DRP Unique ID:

Date of Issue:

Additional Comments:

Authorised Signatory: