**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?)*

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**For DRP Office Use**

DRP Unique ID: Date of Issue:

Additional Comments: Authorised Signatory: