

Nursing Research Society of India- NRSI

For OFFICE USE ONLY

Proposal
Number

Date of receipt:

APPLICATION FOR RESEARCH GRANT

SECTION - A: SUMMARY OF PROPOSED RESEARCH PROJECT

1. Title of research grant

2. Provide the outline of your Proposed Solution (Abstract)

Please do not exceed this space

3. Project Duration

4. Provide a concise background of the project highlighting the problems to be addressed

5. Define the specific research activities along with time-frame to be pursued during Project Period

6. Provide a comprehensive description of techniques/technologies to be used

7. Advantages of suggested Methodological approach

8. Conflict of Interest:

9. List the

- **Available resources**

- 1.
- 2.
- 3.
- 4.

- **Needed Resources**

- 1.
- 2.
- 3.
- 4.

10. Beneficiary of the Project Research Project

11. Briefly describe the technical Deliverables

SECTION B: PERFORMA OF EVALUATION

Sr. No.	Criteria	Remarks
1	Work proposed is original	Yes / No
2	Useful to the Professional practice	Yes / No
3	Such proposed research work is going elsewhere or not	Yes / No
4	Possibility of EBP strengthening	Yes / No
5	Possibility of further research	Yes / No
6	Financial assistance asked is justified	Yes / No
9	Any other Comments	

SECTION -C: PARTICIPATING RESEARCHERS AND THEIR ROLES

- **Name of the investigator**

Name	
Institute Name and address	
Qualification	
Designation	
Contact	
Email	

- **Researcher leading the work**

Name	
Institute Name and address	
Qualification	
Designation	
Contact	
Email	

- **Name of the other participating researchers**

Name	
Institute Name and address	
Qualification	
Designation	
Contact	
Email	

SECTION -D: TENTATIVE BUDGET SUMMARY**1. Tentative budget Summary**

	1st year	2nd year	Total
Equipment(s)			
Recurring			
Travel			
contingency			
consumables			
Total (in rupees)			

Please give the justification for each.

SECTION -E: DETAILS OF REFEREES

1. Provide name of proposed referees

I. Referee no. 1

Name	
Designation	
Qualification	
Institute Name and address	
Website	
Email	

II. Referee no. 2

Name	
Designation	
Qualification	
Institute Name and address	
Contact	
Email	