



# NURSING RESEARCH SOCIETY OF INDIA

Office: 149, Veer Sawarkar Nagar, Reti Mandi, Indore (M.P.)-452012

## Call for Proposals

### For

## Fellowship of Nursing Research Society (FNRS)

**Nursing Research society invites applications for FNRS.**

- The fees for application is **Rs.5000/**.
- Interested researchers are requested to fill the **“Application for FNRS”** form available in the NRSI website after going through the guidelines. Applications are to be sent by electronic mail to [nrsiindia@gmail.com](mailto:nrsiindia@gmail.com)
- Last date for application: **10<sup>th</sup> May 2021**

### **Guidelines of the FNRS:**

- 1 The duration of the fellowship is one year.
- 2 The amount of fellowship is Rs 50,000/.
- 3 The fellowship will be provided to research project conducted under the supervision of a mentor who should be a life member of NRSI and holding a doctoral degree. He/she should also have at least two published original research works in peer-reviewed journals and have the experience of guiding at least two research projects of PG and Doctoral level
- 4 The fellowship will be provided to a researcher who should be a life member of NRSI and hold a Ph.D. degree or equivalent degree. He /she also should have at least 2 published original research works in peer-reviewed journal and not more than 50 years of age on the date of applying for the fellowship.
- 5 All submitted proposals will be scrutinized by a NRSI appointed committee, and the proposals that satisfy the quality standards of the scrutiny committee will be granted the fellowship.
- 6 The decision for award of FNRS will be announced in the website and emails will be sent to all individual applicants regarding the decision.
- 7 The period of one year will be counted from the date of acceptance of the proposal as intimated to the selected fellows.

- 8 In case a fellow leaves the program midway he/she has to pay back the drawn amount to NRSI
  - 9 The fellow has to submit progress reports on the 3<sup>rd</sup>, 6<sup>th</sup>, and 9<sup>th</sup> months of starting research work according to a prescribed format.(Available after the commencement of the fellowship)
  - 10 The grant of money will be released in installments in the following manner after the NRSI appointed committee is satisfied with the progress report.
    - a. Satisfactory 1<sup>st</sup> progress report (3<sup>rd</sup> month): 25% of the grant
    - b. Satisfactory 2<sup>nd</sup> progress report (6<sup>th</sup> month): 25% of the grant
    - c. Satisfactory 3<sup>rd</sup> progress report (9<sup>th</sup> month): 25% of the grant
    - d. The last installment of the grant will be released along with the final award.
  - 11 The research study should have clearance of the Institutional review board of the respective research settings and the fellow should provide IRB certificate along with the 1<sup>st</sup> progress report if it is not provided earlier.
  - 12 The final report of the research work should be submitted by the fellow on the 11<sup>th</sup> month of start of fellowship in the prescribed format along with a manuscript in the publishable form to the Final review committee. (Available after the commencement of the fellowship)
  - 13 Upon satisfactory evaluation of the final report, the fellow has to present the results in NRSI national conference where he/she will be presented with the certificate of award.
  - 14 FNRS recipients need to acknowledge NRSI support in any presentation and publications that emanate from the proposed research project.
  - 15 NRSI shall be the owner of all the intellectual property (patentable/non-patentable) generated by the research study. However, there shall be a royalty sharing agreement between NRSI and the fellow inventors, as and when required.
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## NURSING RESEARCH SOCIETY OF INDIA

Apex Your  
Photo Here

### Application for FNRS

1	Name of Applicant	
2.	Present Position and Institutional Address of the Applicant, if any	
3.	Mailing Address of Applicant	
4.	Date of Birth (DD/MM/YYYY) or Age	
5.	University/ Institutes / Organization where the grant is to be administered <i>(please provide complete address)</i>	Phone No                      Fax: Email:                              Website
6.	Type of Institution where the grant is to be administered	Central University <input style="width: 50px; height: 20px;" type="checkbox"/> State University <input style="width: 50px; height: 20px;" type="checkbox"/> Public Funded Deemed University <input style="width: 50px; height: 20px;" type="checkbox"/> Research Institute <input style="width: 50px; height: 20px;" type="checkbox"/> Other public funded research institute <input style="width: 50px; height: 20px;" type="checkbox"/> INC Recognized Institutes <input style="width: 50px; height: 20px;" type="checkbox"/>
7.	Educational Qualification and academic attainments of the applicant <i>(Please enclose brief academic CV)</i>	
8.	Details of earlier scholarships received (If any)	Name of Institution Period of Award
9.	Title of the Proposal	
10.	Please mention the broad discipline of study under which you categorize your topic	Medical Surgical Nursing <input style="width: 50px; height: 20px;" type="checkbox"/> Obstetrical & Gynecological Nursing <input style="width: 50px; height: 20px;" type="checkbox"/> Pediatric Nursing <input style="width: 50px; height: 20px;" type="checkbox"/> International Studies <input style="width: 50px; height: 20px;" type="checkbox"/> Public Health <input style="width: 50px; height: 20px;" type="checkbox"/> Educational or Administration <input style="width: 50px; height: 20px;" type="checkbox"/> Clinical research <input style="width: 50px; height: 20px;" type="checkbox"/> Others <input style="width: 50px; height: 20px;" type="checkbox"/>

- Mandatory to fill

### **Declaration**

I hereby declare that the entries above and in the enclosed annexure are factually correct and no facts have been hidden by me. If any of the above information supplied by me is proved to be incorrect, my application may be cancelled at any stage of the award and I have to return the grant drawn till that time.

Place:

Date:

**Signature of Applicant**

### **Annexure/Checklists to be attached along with the application**

1. Abstract of the Proposal as per Annexure I (separate word document without any identification attached)
2. Brief academic CV of the applicant.
3. Brief academic CV of the mentor.
3. Research Proposal in about 3000 words. (Separate word document without any identification attached)
4. No objection certificate from the employer.
5. Forwarding letter from the Head of the Institution where the study will be conducted as Annexure II
6. Payment receipt of NEFT transaction paid for application fees.

### **Account details for payment of Application fees:**

Account Name: **Nursing Research Society of India**

Bank Name: **State Bank of India**

Account Number: **10874590078**

IFSC code: **SBIN0030401**

## ABSTRACT OF PROPOSAL

1.	Title of the Proposal	
2.	Broad discipline of the study	
3.	Nature of the study (Please tick)	Field Work Intensive <input type="checkbox"/> Secondary Source Intensive <input type="checkbox"/> Limited fieldwork based <input type="checkbox"/> Theoretical Study <input type="checkbox"/>
4.	In case of fieldwork intensive, specify the scope (Please tick)	Less than district level <input type="checkbox"/> Comparative district level study <input type="checkbox"/> State level study <input type="checkbox"/> Comparative state level study <input type="checkbox"/> National level/more than two state <input type="checkbox"/> Involves international travel <input type="checkbox"/>
5.	Duration of the study (In months)	Review of literature/data sources <input type="checkbox"/> Field work, if any <input type="checkbox"/> Data/theoretical analysis <input type="checkbox"/> Report writing Total duration <input type="checkbox"/>

**Forwarding Letter**

*(By Head of Institution/ Registrar in University)*

To

The Secretary

Nursing Research Society of India

The.....(Name of the organization) forwards application of .....(Name of the applicant) to be considered for the award of a Post-Doctoral Fellowship by the NRSI.

This organization agrees to provide basic infrastructure facilities, make available all its research facilities such as library, laboratory and other equipment and provide the material and managerial assistance required for conducting the research study.

If the scholar receiving the Fellowship leaves our institution to join another institution after part of the sanctioned grant has been received, we would have no objection to the transfer of the project to a new institution, if the Fellow/NRSI, so desires. The institution, however, shall continue to be responsible for submitting the audited statement of accounts and utilization certificate for the grant received by it, for this purpose.

Signature of Candidate

Signature of the Registrar/

Head of the Institution

Name: \_\_\_\_\_

(Seal)

Designation: \_\_\_\_\_

Name\_\_\_\_\_

Place: \_\_\_\_\_

Designation\_\_\_\_\_