

Template for Section A

SIP Membership number of Principal investigator and co-investigators

Principal investigator:

co-investigators:

- A. 1 Name of Principal Investigator :
Institutional/Clinic Affiliation and Designation :
Address of the Institution/Clinic :
Phone No Office :
Mobile :
Email ID :
- A. 2 Name of Co-Investigator :
Institutional/Clinic Affiliation and Designation :
Address of the Institution/Clinic :
Phone No Office :
Mobile :
Email ID :
- A. 3 Name of Co-Investigator (if applicable) :
Institutional/Clinic Affiliation and Designation :
Address of the Institution/Clinic :
Phone No Office :
Mobile :
Email ID :

B. Award Category:

Category	Name	Tick as appropriate
A.	Postgraduate student	
B.	Clinician	
C.	Young researcher	
D.	Senior researcher	

C. Research Type

S. No	Research Type	Tick as appropriate
1	Basic sciences research	
2.	Clinically focused research	
3.	Instrument design and/or validation	
4.	Professional practice, education and policy research	
5.	Population and community studies relevant to physiotherapy practice	

D. Title of the Proposed Research Study:

E. Brief Synopsis of the Proposed Study (300 words)

F. Proposed Budget (Up to a Maximum of INR 25,000 for Postgraduate student, Clinician, Young researcher categories and INR 50,000 for senior researcher category)

S. No	Budget Head	Amount Requested from SIP
1	Research Equipment	
2	Investigations	
3	Intervention	
4	Consumables	
5	Contingency	
6	SIP conference registration (only for PG category)	
7	Total	

G. Details of Ethical Approval / Ethical Submission (Ethical Committee, date of approval and reference number; attach copy of the approval letter. Justify if ethical approval not obtained)

H. Details Clinical Trial Registration (Registration/acknowledgement number. If submitted but awaiting CTRI approval, provide details that were submitted to CTRI. Justify if the protocol is not registered in CTRI)

I. Disclosures and Conflict of Interest (if any)

J. Declaration by the Grant Investigators and Head of the Institution

- a) We have read the terms and conditions for SIP Research Grant and agree to abide by the laid down rules and regulation.
- b) We agree to conduct the research with integrity and highest ethical standards. If any research malpractice is established, we agree to refund the grant to SIP.
- c) All necessary Institutional facilities and support will be provided if the research project is approved for financial assistance
- d) We agree to submit the interim report along with expenditure statement and bills within six months of the grant approval letter and final project completion report with expenditure statement and bills within one month of the completion of the project.
- e) It is certified that the equipment(s)/instruments/software/assessment tools requested through the grant is/are not available in the Department/institution.
- f) If the project is not completed for whatsoever reason within the stipulated time, the entire cost of the SIP research funding will be refunded by the investigators.

Signature of the PI:

Signature of the CI: (If more than one CI are there, add their signatures)

Name and Designation of Head of the Institution:

Signature of the Head of the Institution with Official Seal:

Place and Date:

K. Checklist (The following documents are required as part of the application process and need to be submitted as scanned copies by email along with the application. The scanned documents should be appropriately numbered and named for easy identification)

S. No	Item	Put Tick mark OR X as appropriate Write Not Applicable where appropriate.
1	SIP Membership Number of PI and CI (Provide Membership Numbers)	
2	Letter of support and confirmation to assume full responsibility for timely execution and completion of the grant from research supervisor for PG category and PhD Scholars	
3	Letter from head of the institution /clinic indicating the following a) student/employment status of the applicant b) Institutional /clinic support in conducting the study c) No conflict of interest (financial or otherwise) in conduct of the study d) Attestation of validity of information provided by the applicant e) Undertaking of the ethical conduct of the research study	
4	Brief CV of all investigators (indicating qualification, work experience, Conference presentations/research publications, research grants/awards) Each CV should not exceed two pages.	
5	Ethical Approval Letter / Proof of Submission to ethics committee	
6	Clinical Trial Registration Number / Acknowledgement Number (If applicable)	
7	Disclosures	
8	Declaration by the Applicant	