



PT. B.D Sharma Post Graduate Institute of Medical Sciences Rohtak
Multidisciplinary Research Unit

MRU/2026/ 440 - 490

Date: 3/4/2026

To

The Principal/ HOD
College/Department of _____
Pt. B. D. Sharma PGIMS/UHS/PGIDS
Rohtak

Subject: Call for Proposal-VIII for research project under MRU.

This is to inform that MRU, PGIMS, Rohtak is inviting proposals under Call for Proposal-VIII for research projects. Please bring to the notice of all the faculty members/ Post graduates students in your college/ Department to send the concept research proposals in the enclosed format (soft copy available on the college website) directly to the office of the undersigned.
MD/MS/MDS/Pharmacy/Nursing/Physiotherapy Postgraduate students & DM/MCh Residents are eligible to apply for support for their thesis and dissertation work as a capacity-building measure.

Funding to research proposals will be provided in the form of consumables, up to approximately ₹3 lakhs. MRU will also provide the lab and technician facility for the approved projects. A list of equipments available at MRU is attached for reference along with the Performa.

The last date for submission is 22/04/26. A copy of the concept proposal may also be submitted via email at mru@uhsr.ac.in.

Dr. Sanjay Kumar
Nodal Officer MRU &
Professor, Deptt. Of Pathology
Pt. B.D. Sharma PGIMS
Rohtak

MRU/2026/ 491 - 493

Dated: 3/4/2026

A Copy of the above is forwarded to the following for information and necessary action please:

1. Sect. to Vice Chancellor, Pt. B.D. Sharma UHS, Rohtak, for kind information of the Hon'ble Vice Chancellor, Please.
2. P.A. to Registrar, Pt. B.D. Sharma UHS, Rohtak for kind information of the I.d. Registrar, please.
3. P.A. to Director, Pt. B.D. Sharma, PGIMS, Rohtak, for kind information of the Worthy Director, please.
4. P.A. to Guard File.

Dr. Sanjay Kumar
Nodal Officer MRU &
Professor, Deptt. Of Pathology
Pt. B.D. Sharma PGIMS
Rohtak

COVER LETTER

To

The Nodal Officer
Multidisciplinary Research Unit (MRU)
PGIMS, Rohtak

Subject: Submission of research proposal under “Call for proposals VIII” under MRU.

Please find enclosed the research proposal entitled “” submitted under “Call for proposals VIII” under MRU along with the required enclosures for your kind consideration and approval please. The undertaking signed by all PI/Co. PI is enclosed.

Yours sincerely,

Signature of applicant
Name
Designation
Department
Institution
E-mail id:
Mobile no.

APPLICATION FORM

A. BASIC INFORMATION

1. Details of Principal Investigator

Name:

Designation:

College/Department:

Name of the institution:

Date of Birth:

Age (Years):

Gender:

Mobile no.:

Any alternative mobile no.:

Official e-mail id: abcd@uhsr.ac.in

Alternative/personal e-mail id: abcd@gmail.com

ORCID id:

Signature:

GCP certification: YES/NO

If Yes, please attach proof

Details of Co-Investigator/s

Name:

Designation:

College/Department:

Age (Years):

Gender:

Mobile no.:

Official e-mail id:

Alternative/personal e-mail id

ORCID id:

Signature:

GCP certification: YES/NO

If Yes, please attach proof

Note: (I) For a regular research proposal, PI should be regular faculty in the concerned department.

(II) Under the capacity building measure proposal Post Graduate/Residents/DM/MCh can be PI.

B. PROJECT RELATED INFORMATION

1. Title of the project:

2. Duration of project:

3. Project Study Type (Please tick appropriately):

- | | |
|--|---|
| <input type="checkbox"/> Case Control | <input type="checkbox"/> Quasi Experimental Study |
| <input type="checkbox"/> Cross-sectional | <input type="checkbox"/> Random Clinical Trial |
| <input type="checkbox"/> Systematic Review | <input type="checkbox"/> Meta-Analysis |
| <input type="checkbox"/> Implementational Research | <input type="checkbox"/> Cohort |

4. Project Research Area (Please tick appropriately):

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Maternal health/ reproductive health |
| <input type="checkbox"/> Child health | <input type="checkbox"/> Mental health and substance use |
| <input type="checkbox"/> Endocrinology (except diabetes) | <input type="checkbox"/> Neurological diseases |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Surgery related | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Hermatopoetic conditions | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Gastro-intestinal |
| <input type="checkbox"/> Renal diseases | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Occupational health | <input type="checkbox"/> Bacterial diseases |
| <input type="checkbox"/> Fungal diseases | <input type="checkbox"/> Viral diseases |
| <input type="checkbox"/> Parasitic | <input type="checkbox"/> Vector-borne |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Leprosy |
| <input type="checkbox"/> Other infectious diseases | <input type="checkbox"/> Immunological |
| <input type="checkbox"/> 3D printing and surgical planning | <input type="checkbox"/> Observational study |

5. Multidisciplinary: Yes/No

6. Single/ Multicentric (Please tick appropriately):

7. For Multicentric study, please mention the name/s of collaborating sites:

8. Whether International Collaboration:

9. Registration with Clinical trial registry of India (CTRI): Yes/ No
10. CTRI registration number:

FORMAT OF RESEARCH PLAN

Title of the proposed research project: should be concise, sufficiently descriptive and informative. Title may include study design such as randomized controlled trial; an observational study; a case-control study etc.

Summary (up to 200 words): A structured summary should contain the following subheadings: Background, Rationale, Objective, Methods, and Expected outcome/s.

Budget proposal with break-up

The budget should be allocated as below mentioned broad sub-heads:

S. No.	Particulars	Justification	Estimated budget (INR)
1.	Contingency- Recurring		
	Total estimated budget (INR)		

List of abbreviations:

Introduction and brief review (up to 1000 words):

- What is known about the topic (state the background information to adequately present the problem citing previous relevant research);
- What are the existing gaps in knowledge (problems with previous research and uncertainties);
- What is the relevance of the research question (mention how the research question addresses the critical barrier(s) in scientific knowledge);
- What is the justification of research (how the finding of the proposed study will provide solution to uncertain issues, generate new information and influence practice guidelines or public health policy)?

Research question and hypothesis: to be clearly mentioned

Aim and objectives: Define the objectives clearly and in measurable terms; mention as primary and secondary objectives if necessary (Avoid too many objectives).

Methodology: include the following sub-heads:

- *Study design and settings:* details of study design whether descriptive, analytical, experimental, operational, a combination of these or any other; settings where the study will be conducted.
- *Study population:* adequate description of study population including eligibility criteria.
- *Study conduct:* detailed description of how the subjects will be recruited, allocation to study arms, follow up, study related procedures etc. A flow chart indicating the study plan may be provided.
- *Intervention:* a detailed description of Intervention (drug/device/behavioral intervention/ any other).
- *Sample size calculation:* Details of sample size and/or power calculation should be described with reference where needed.

Data collection and statistical analysis plan.

Ethical justification of the study.

Expected outcomes (up to 100 words).

Future plans based on expected outcomes (if any) (up to 100 words).

Timelines (Gantt chart): Details of activities to be carried out along with timelines during preparatory phase, data collection, analysis & report writing to be provided.

LIST OF INSTRUMENTS

Sr.No.	Instrument Name
1	Fluorescent Microscope
2	Fluorescent Microscope (Fish Upgrading Software)
3	Centrifuge
4	Gas Chromatography
5	Incubator
6	UV Sterilization Cabinet
7	Optical Binocular Microscope
8	CO ₂ Incubator
9	Vortex Mixer
10	Weighing Balance
11	PCR Mini Cooler
12	Refrigerator
13	Water Bath
14	Deep Freezer
15	pH Meter
16	Flake Machine
17	Refrigerated Centrifuge
18	Microwave Oven
19	UV Transilluminator
20	Horizontal Electrophoresis Unit

Procurement of equipment for a molecular and cell culture laboratory is in the pipeline.

Undertaking by the Investigators

Title of the project:

1. I, _____ am the PI & _____ is/are the Co-PI for the above mentioned project and that in the unforeseen event of discontinuance by the Principal Investigator, the Co-Investigator will assume the responsibility of the fruitful completion of the project (with the intimation to MRU, PGIMS, Rohtak).
2. I/We certify that the information provided in this application is complete and correct.
3. I/We have explored and ensured that equipment and basic facilities will actually be available as and when required for the purpose of the project.
4. I/We certified that there is no duplication/ plagiarism in the above research project.
5. I/We confirm that all investigators have approved the submitted version of proposal/related documents.
6. I/We confirm that this study will be conducted in accordance with the Drugs and Cosmetics Act 1940 and its Rules 1945 as amended from time to time, New drugs and Clinical Trial Rules 2019 GCP guidelines and other applicable regulations and guidelines.
7. I/We confirm that this study will be conducted in accordance with the latest ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants and other applicable regulations and guidelines.
8. I/We hereby declare that the funds received will be for the purpose of the above mentioned project only.
9. I/We declare/confirm that all necessary approvals will be obtained as per requirements wherever applicable.
10. I/we declare that the paper arising out of the project will be sent for publication in an indexed, peer - reviewed journal & the support from MRU will be duly acknowledge in the paper.

Name of PI:

Signature of PI with date:

Name of Co-investigaor:

Signature of Co-investigator with date: