**Application to obtain the research allowance**

**as per the Management Services Circular no: 02/2014**

**PART A - Details of the Investigators**

[To be downloaded & completed by the Principal Investigator only]

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **01** | Title of the research | |  | | | | | | | |
| **02** | **Details of each investigator** | | | | | | | | | |
| **03** | **Investigator** | **Name** | | **NIC No** | **Contact details** | | | | **Claim for RA**  **(Max. for 05)** | **Salary paying institution** |
| **Mobile** | | **Residence** | **E- mail** |
| **PI** |  | |  |  | |  |  | Yes/No |  |
| **CI:1** |  | |  |  | |  |  | Yes/No |  |
| **CI :2** |  | |  |  | |  |  | Yes/No |  |
| **CI :3** |  | |  |  | |  |  | Yes/No |  |
| **CI :4** |  | |  |  | |  |  | Yes/No |  |
| **CI :5** |  | |  |  | |  |  | Yes/No |  |
|  | **CI :6** |  | |  |  | |  |  | Yes/No |  |
| **04** | **Details of ethics approval** | | | | | | | | | |
| Name of Ethics Review Committee | | | |  | | | | | |
| Duration of ethics approval | | | | From |  | | | | |
| To |  | | | | |
| Final extension to ethics approval  (If obtained) | | | | From |  | | | | |
| To |  | | | | |

PI - Principal Investigator

CI - Co – Investigator

RA - Research Allowance

Signature of the PI: ………………………………………………… ………………………………

Name : ………………………………………………… Date