

ISPPD Research Assistance Grant Application – 2023-24

Please return the completed application form with enclosures to:

Secretary General
 Indian Society of Pedodontics and Preventive Dentistry
 Post Graduate Dept. of Pediatric & Preventive Dentistry
 Subharti Dental College & Hospital
 Swami Vivekanand Subharti University
 Delhi-Haridwar Bypass Road, Meerut-250005
 Tel: +0121 (0)2439043, 52
 e-mail: secretary@isppd.org.in



For Student members of ISPPD

Part I PERSONAL DETAILS

| | |
|------------------------------------|------------------------|
| Name age & gender | |
| Year of joining MDS | |
| College | |
| City & State | Pin code |
| Telephone: | Mobile phone: |
| Email address: | ISPPD Registration no. |
| DCI Registration No. with validity | Home Address |

Part II APPLICATION DETAILS

1. Name & designation of the Guide

2. Name & designation of Co-Guide/ s

3. Department/Place of proposed research
 - (i)
 - (ii)
 - (iii)

4. Details of cost of research (pl provide breakup cost):

Part III Research Information (pl do not disclose the identity of researcher/place/department etc. in part III. if disclosed, application will be rejected)

1. Introduction with title of the proposed Research (Max 250 words)

2. Aims & objective with reason for choosing the proposed Research (Max 200 words)

3. Methodology with sample size (max 400 words)

4. Expected outcomes & clinical relevance (max 150 words)

5. Tentative date of start & duration of the study

Attachments (mandatory):

1. Short CV with latest photo of both researcher & Guide
2. Ethical Clearance Certificate
3. Certificate by the guide & Co-guide/s
4. Copy of the DCI registration & ISPPD membership.
5. In case of RCT, attach the proof of registration with online Clinical Trial Registry of India (CTRI of ICMR)

Last date for sending applications to the ISPPD HO–1st July 2024

There are 25 grants of Rs 10,000/- each. A letter will be issued if your application is selected for the grant however money will be released after receipt of your report, which must be submitted to the HO immediately but not later than two months of completing the study. ***Pl send your application or report ONLY through mail at secretary@isppd.org.in***

Terms and conditions of the grant:

1. Publication credits: If any publication arises out of this research, it is mandatory to write following declaration:

“The research was conducted with grant/ partial grant received from Indian Society of Pedodontics and Preventive Dentistry as a part of their ‘ISPPD Research Assistance Grant scheme’ for its members.”

- 2. Legal implication for Ethical conduct – The person getting the research grant and the supervisor will be responsible for not only obtaining ethical approval from their institute but also for ethical conduct of the trial and use of data as per the confidentiality principles of Code of Ethics. As defined by Indian Council for Medical Research and Govt of India at the time of conduct of the research.
- 3. The applicant will have to give a declaration that they have not yet started the work on the proposed research (except pilot study) before applying for this grant. They should also give a declaration that if they claim any other support/ grant for the same research then they should share the details of total budget, grant received from other funding agency and its terms etc.
- 4. Any support from commercial organizations/ manufacturers. etc should be declared and should be as per Indian Medical / Dental Council (Ethics and Etiquette) Act as applicable on date.
- 5. ***Pl submit the application in 2 separate folders; folder 1 should have full application duly signed with all enclosures while folder 2 should have ONLY part III of the application (part III points 1-5)***

Declaration

I confirm that the information provided by me is correct to the best of my knowledge. If any of the above-mentioned information is found incorrect/false, my application can be rejected. I also agree to abide by the terms and conditions for the grant.

Place:

Signature:

Date:

Name of the researcher:

Countersigned by the HOD

Signature.....

Name, designation & complete address

.....

ISPPD number, mobile number & email id.....