

# SLCIM RESEARCH GRANTS 2023

## APPLICATION FORM

Project title:

Main center (where the research is carried out)

Abstract of the research project (No more than 100 words)

**Project :**

(Please provide a short description of the project in no more than 100 words)

**Publication:**

(Please mention whether you intend to publish your research results in Asian Journal of Internal Medicine (AJIM))

**Principal Investigator:**

Name:

DESIGNATION:

Contact No:

E-mail:

Address:

SLCIM membership Status: Life member  Associate member

**Others Investigators**

**Investigator 2:**

Name:

Designation:

Contact No:

E-mail:

Address:

  

Membership Status: Life member  Associate member  Non member

Investigator 3:

Name:

  

Designation:

Contact No:

E-mail:

Address:

  

Membership status: Life member  Associate member  Non member

Investigator 4:

Name:

  

Designation:

Telephone:

E-mail:

Address:

Membership status: Life member  Associate member  Non member

Investigator5:

Name:

Designation:

Contact No:

E-mail:

Address:

Membership status: Life member  Associate member  Non member

Investigator 6:

Name:

Designation:

Contact No:

E-mail:

Address:

Membership status: Life member  Associate member  Non member

Ethical Review Committee

Ethical approval: Obtained  Pending

Annexed documents

1. Project proposal
2. Ethical approval document (If ERC approval is obtained)

Signature of main Investigator