SLCIM RESEARCH GRANTS 2024

APPLICATION FORM

	Project title:					
Abstract of the research project (No more than 150 words)	Main center (where the research is carried out)					
	Abstract of the research project (No more than 150 words)					

Publication: (Please mention whether you intend to publish your research or part of your research project in Asian Journal of Internal Medicine (AJIM)
Principal Investigator:
Name:
DESIGNATION:
Contact No:
E-mail:
Address:
SLCIM membership Status: Life member Associate member
Other 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.
Investigator 4:
Name:
Designation
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
	r of investigators exceeds 6 members including the principal investigator, please sen f the others as an annexure.
Ethical Review	v Committee
Ethical appro	oval: Obtained Pending
-	uments ct proposal Three (03) Hard copies without the names of the authors One (1) Soft copy with the names of the authors al approval document (If ERC approval is obtained)

Signature of main Investigator