**Application to obtain research allowance**

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

**PART B–Details of individual applicant**

[All four (04) pages to be completed by each applicant separately] (Mark as “X”)

|  |  |  |
| --- | --- | --- |
| 1 | Title of the Research |   |
| 2 | Personal Details of the Applicant |
| 2.1 | Status  | Principal Investigator  | Co-investigator  |
| 2.2 | Surname with Initials |  |
| 2.3 | Name in full |  |
| 2.4 | Designation |  |
| 2.5 | Current place of work |  |
| 2.6 | Date of Birth |  | D | D | M | M | Y | Y | Y | Y |
| 2.7 | Age |  |
| 2.8 | NIC No |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.9 | SLMC Reg. No |  |  |  |  |  |  |  |
| 2.10 | Permanent Residential Address |  |
| 2.11 | Mobile No | **1** |  |  |  |  |  |  |  |  |  |  | **2** |  |  |  |  |  |  |  |  |  |  |
| 2.12 | Residential Tel. No |  |  |  |  |  |  |  |  |  |  |
| 2.13 | Official Tel. No. |  |  |  |  |  |  |  |  |  |  |
| 2.14 | Email Address |  |
| 3 | Details related to the employment |
| 3.1 | Academic Qualifications | 1. |
| 2. |
| 3. |
| 4. |
| 3.2 | Date of first appointment | D | D | M | M | Y | Y | Y | Y |
| 3.3 | Confirmation in the service  | Yes  | No |
| 3.3.1 | If yes, date of confirmation | D | D | M | M | Y | Y | Y | Y |
| 3.3.2 | If not, are you eligible to beconfirmed in the service | Yes  |  No  |
| 3.3.2.1 | If yes, mention the date of Eligibility to be confirmed | D | D | M | M | Y | Y | Y | Y |
| 3.4 | Date of appointment to the current place of work | D | D | M | M | Y | Y | Y | Y |
| 3.5 | Current salary paying institution |  |
|  | 3.6 | PGIM Trainee | Yes | No |
| 4 | Details of previously obtained payments of research allowance |
| A | Title of the Research |  |
| ETR File Number |  |
| Payments received | 1st six months 2nd six months Post publication |
| Status of research | Completed Ongoing Abandoned |
| If abandoned, give reasons |  |
|  | Last payment date of research allowance for this research | D | D | M | M | Y | Y | Y | Y |
|  |
|  | B | Title of the Research |  |
| ETR File Number |  |
| Payments received | 1st six months  | 2nd six months  | Post publication |
| Status of research | Completed Ongoing Abandoned |
| If abandoned, give reasons |  |
| Last payment date of research allowance for this research | D | D | M | M | Y | Y | Y | Y |
|  |
|  | C | Title of the Research |  |
| ETR File Number |  |
| Payments received | 1st six months 2nd six months Post publication |
| Status of research | Completed Ongoing Abandoned |
| If abandoned, give reasons |  |
| Last payment date of research allowance for this research | D | D | M | M | Y | Y | Y | Y |
| **5** | **Check List****The following certified documents are attached to the application** |
| **1** | **1.1** |  | Certified copy of the National Identity Card (NIC) |
| **1.2** |  | Certified copy of the Driving License/ Passport (If NIC is not available) |
| **2** |  | Certified copy of the SLMC registration certificate |
| **3** |  | Certified copy of the letter of service confirmation |
| **4** |  | Certified copy of the salary slip of the previous month (As evidence of an officer being paid by the Ministry of Health) |
| **5** |  | For Post Graduate trainees - certified copy of the letter issued by Director of Post Graduate Institute of Medicine approving your Post Graduate research |

**Declaration Forms**

**A) Declaration by the Researcher**

1. I am not currently engaged in any other research project under the Research unit/ET&R, Ministry of Health for which the research allowance is being paid.
2. I have not yet initiated the data collection for this research and agree to commence data collection only after the approval is granted by the Secretary, Ministry of Health, if claiming for the research allowance.
3. I will not utilize provisions under the Consolidated Fund to carry out this research project.
4. The research project is not carried out as a part of the Annual Action Plan / routine activity of a government institution / partial fulfillment of a post graduate qualification.

By signing below and submitting this application form, I, ……………….…………………………………. confirm that all the information I have provided in this application is true and accurate to the best of my knowledge.

I agree that I understand if any of the information I have provided is later found to be false or misleading, it renders me ineligible for obtaining research allowance and also subject to disciplinary measures against me.

**Name: ………………………………………………………………**

………………………… …………………………

**Signature Date**

 **Designation:**

**B) Declaration by the Head of the Institution /Decentralized Unit /Specialized Campaign**

I certify that

1. The applicant is an officer belonging to the categories mentioned in paragraph 03 of the Management Services Circular 02/2014 and is thereby entitled to apply for research allowance.
2. The applicant is confirmed in the service / has fulfilled the criteria to be confirmed in the service.
3. The proposed research project would not impede the duties of the permanent post of the applicant.

**Name: ………………………………………………………. Date: …………………………..**

**Signature: ……………………………………..**

**Official stamp of the**

**Head of the Institution / Decentralized Unit / Specialized Campaign**

**C) Sharing of recommendations & contact details :**

Please express your concerns on willingness to share the recommendations within the Ministry of Health while providing the contact details in the below mentioned format.

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Willingness to share** | **Yes** | **No** |
| **A** | **Recommendations** |  |  |
|  |  |  |  |
| **B** | **Contact details** |  |  |
|  |  | If “yes”, pl mention below |
| **I** | Mobile number |  |
| **Ii** | Residence number |  |
| **Iii** | Official number |  |
| **Iv** | E mail address |  |
| **V** | Residence address |  |
| **vi** | Any other… |  |

Name:

………………………… …………………………

Signature Date