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**Application for**

**Approval of SAN Research Grant**

# **Society of Anesthesiologists of Nepal**

**(SAN)**

NMA building (Siddhi Sadan), Exhibition Road, Kathmandu, Nepal

E-mail: nepalanesthesiologists@gmail.com

Grant Application for (Please tick):

1. Life Member Grant B. Associate Member Grant

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| Research Title: … … … … … … … … … … … … …… … … … … … … … … … … … …… … … … … … … … … … … … …… … … … … … … … … … … … …… … … … … … … … … … … … …… … … … … … … … … … … … …… … … … … … … … … … … … … … … … … … … … … … … … … … |

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| Name of Principal Investigator: … … … … … … … … … … … … … … … … …SAN Life membership No.: … … … … …Associate Membership No.- … … … …Name of Co-investigators: ………………………………………………………….………………………………………………………………………………………..Total Budget of the Project: … … … … … … … … … … … … … … … … … … |

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Passport size photograph of Principal Investigator

###### Administrative Information

1. Research Title:

1. Name and Title of Principal Investigator responsible for the proposed research:

 Last (Surname) Middle (if any) First name Title (Dr.)

Signature: Date:

Postal Address:

Mobile No:

e-mail:

1. Full name of the Institution associated with the Principal Investigator (if applicable):

Designation:

Postal Address (if different from the address given above):

Telephone No.:

e-mail:

Website:

1. Declaration of the Head of the Institution/Head of Department where the research will be conducted:

If the proposed research is accepted and granted with the grant, we will allow him/her to conduct the research.

Signature: Date:

 Last (Surname) Middle (if any) First name Title (Dr.)

Designation:

Name of the Institution:

 Postal Address:

 Telephone No.:

 Fax No.:

Institutional e-mail:

Website:

1. Name and Title of Co-investigators responsible for the proposed research (Use the similar format if more than one):

Passport size photograph of Co-investigator

(Optional)

 Last (Surname) Middle (if any) First name Title (Dr., Ms.)

Affiliated Institution (if applicable):

Designation:

Signature: Date:

Postal Address (if different from the address given above):

Telephone No.:

e-mail:

 *(Use additional sheet if necessary)*

1. List the name(s) of researcher(s) (other than co-investigator) or any institution/hospital/NGO(s) etc. from whom you may seek co-operation (if any):
	1.
	2.
	3.

*(Use additional sheet if necessary)*

**Research Proposal Description**

1. Research Title:
2. Proposal Summary: *(maximum 500 words)*
3. Introduction:
	1. Background of Study *(maximum 500 words)*
	2. Rationale / Justification of the study *(maximum 500 words)*
	3. Research Objectives and Hypothesis
4. Research Design and Methodology:
	1. Study Site and Its Justification
	2. Study Variables *(Listed by types)*
	3. Conceptual Framework
	4. Type of Study *(Specify)*
	5. Research Method: Qualitative Quantitative Combined
	6. Study Population *(Specify)*
	7. Study Unit
	8. Sample Size *(with details of calculation)*
	9. Sampling Methods / Techniques *(Specify)*
	10. Criteria for Sample Selection
	11. Data Collection Tools/ Instruments *(Questionnaire, Case Record Forms, interview guides, instruments and equipment to be used, examination sheets, investigation forms etc.*; ***attach in the annex***)
	12. Data Collection Technique / Methods *(Describe the ways above tools will be used; Ensure you have covered tools and techniques for all the objectives and variables listed)*
	13. Pre-testing the Data Collection Tools *(if applicable)*
	14. Validity and Reliability of the Study Tools:
	15. Potential Biases *(if applicable)*
	16. Limitation of the Study:
	17. Ethical Considerations:
5. Plan for Supervision and Monitoring:
6. Plan for Data Management and Analysis:
7. Expected Outcome of the Research:
8. Plan for Dissemination of Research Results:
9. Plan for Utilization of the Research Findings *(optional)*
10. Work Plan *(should include duration of study, tentative date of starting the project and work schedule / Gantt chart):*
11. Budget: *(use the format to provide the breakdown of your proposed budget; use justification where required; provide as detail breakdown as possible wherever applicable)*
12. Regarding Clinical Trial:

In case of a clinical trial address the following:

 The trial treatment ………………………………………………………………………………………

A detailed explanation of the trial procedures including all invasive procedures

 ……………………………………………………………………………………...

The potential or direct benefits (if any) for the research participants

 …………………………………………………………………………………….

Alternative procedure(s) or treatment(s) that may be available

 ……………………………………………………………………………………..

 The risks, discomforts, and inconveniences associated with the study

 …………………………………………………………………………………….

Provisions for management of any adverse reactions

 ……………………………………………………………………………………..

 The provisions of insurance coverage for any permanent disability or death caused directly by the investigational treatment or procedure

 …………………………………………………………………………………….

The provision of including the name and address, including telephone numbers of person to be contacted in case of adverse events or for any information related to the trial.

 …………………………………………………………………………………….

Is there going to be a transfer of any biological materials out of the country? Explain.

 ……………………………………………………………………………………….

Is there a Data Safety Monitoring Board?

If Yes, Mention

……………………………………………………………………………………….

Is this trial internationally registered? If yes provide the registration number.

……………………………………..

1. Annexes should include
	1. References (Vancouver style),
	2. Data Collection Tools (Instruments)
	3. Information sheet and written informed consent form
	4. List of abbreviations/acronyms,
	5. Recently updated Curriculum Vitae of all Investigators
	6. Any other elaborations required for any content of the proposal to be annexed.

**ACCEPTANCE OF GENERAL CONDITIONS AND DECLARATION**

**BY THE PRINCIPAL INVESTIGATOR**

I hereby certify that the above-mentioned statements are true; I have read and understood the national regulation [ethical guidelines of the Nepal Health Research Council (NHRC)] with regards to the ethical conduct of the research. I will act in conformity with the said regulation in all respects as well as abide by the regulations set forth by the Society of Anaesthesiologists of Nepal (SAN).

I will be responsible for any kind of adverse consequences that may arise or may be related with the study if it arises in any form.

Signature:…………………………..

Name of Applicant:……………………

Date:…………………………………..

**Guidelines for the Expenditure of the Grant Amount**

The total amount of the Grant should include the processing fees of Ethical Review Board or Institutional Review Committee whichever applies and also taxes if any. Apart from these the grant to be availed should be used in the following proportion with respect to budget breakdown for the aforementioned research:

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| --- | --- |
| **Budget Breakdown** |  |
| ***Expenditure Category*** | **Proportion** |
| Human Resource (Investigators) | 15% |
| Research Work | 70% |
| Stationery/Photocopies |
| Remuneration to Research Assistants (If any) |
| Field work of the study (Per Diem) |
| Travel costs for field |
| Tools and checklist preparation |
| Interventions and/or Investigations (If applicable) |
| Management and coordination (Overhead Cost) | 10% |
| Miscellaneous (Unforeseen) Cost | 5% |