**Department of Health Research Grant-in-aid scheme**

**Format for Project Completion Report**

*(To be submitted in hard bound copies (10 No.) along with study details data and illustration)*

**Proposal ID:**

1. Title of the Project
2. Principal Investigator and Co-Investigators
3. Implementing Institution and other collaborating Institutions
4. Date of commencement
5. Duration
6. Date of completion
7. Objectives as approved
8. Deviation made from original objectives if any, while implementing the project and reasons thereof.
9. Experimental work giving full details of experimental set, up, methods adopted, data collected supported by necessary tables, charts, diagrams and photographs.
10. Detailed analysis of results indicating contributions made towards increasing the state of knowledge in the subject.
11. Conclusions summarizing the achievements and indication of scope for future work.
12. S&T benefits accrued:
13. Immediate & long term outcome w.r.t. translational value
14. List of research publications with complete details: Authors, Title of paper, Name of Journal, Vol., page, year.
15. Manpower trained on the project;
16. Research Scientists or Research Fellows
17. No. of Ph. Ds produced
18. Other Technical Personnel trained.

IV. Patents taken, if any:

1. Products developed, if any.
2. Abstract/Summary (300 words).
3. Procurement/usage of Equipment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Name of Equipment | Make/Model | Cost FE/Rs. | Date of Installation | Utilisation rate% | Remarks regarding maintenance/ breakdown |
|  |  |  |  |  |  |  |

b. Suggestions for disposal of equipment(s)

15. Acknowledgements: Name and signature with date

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(Principal Investigator)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Co-Investigator)