

## Progress Report of Establishment of Model Rural Health Research Unit (MRHRU)

1. NAME OF THE STATE: :
2. NAME OF THE MRHRU CENTER :
3. NAME OF THE MEDICAL COLLEGE/INSTITUTION:
4. NAME OF THE ICMR MENTOR INSTITUTE :
5. REVIEW PERIOD :
6. Year of release of first grant :

S. No.	Particulars	Information	Remarks/comments
<b>A</b>	<b>Whether Guidelines &amp; Sanction Order for the Scheme has been received</b>		
<b>B</b>	<b>FINANCIAL</b>		
<b>Grant Received:</b>			
1.	Total amount of grant received (year-wise)		
2.	Out of (i) above, amount for Renovation/civil works.		
3.	Out of (i) above, amount for equipments		
4.	Interest accrued on the grant		
5.	Whether separate books of accounts maintained for MRHRU		
<b>Expenditure:</b>			
6.	Expenditure incurred on Renovation/civil works		
7.	Expenditure incurred on equipments.		
8.	Whether UC/SOE for the grant received furnished to ICMR/DHR in GFR 12-A		
9.	Details of UCs pending from other departments and action taken to settle the same		
10.	Whether interest accrued has been returned		
<b>C</b>	<b>CIVIL WORKS</b>		
1.	Verification of the site identified and firming up of requisite space of 620sq. mtr. for establishment of MRHRU		
2.	Status of Preparation of <ul style="list-style-type: none"> <li>▪ Detailed</li> </ul>		

	<p>layout/design</p> <ul style="list-style-type: none"> <li>▪ cost estimates for renovation/ civil works.</li> </ul>		
3.	Status of completion of formalities for award of work for renovation/civil works and the name of the executing agency		
4.	Likely date for completion of Renovation/ Civil Works		
<b>D</b>	<b>EQUIPMENTS</b>		
1.	Selection/identification of the need based equipment as per requirement of projects to be undertaken.		
2.	List of equipments purchased out of the list given in the guidelines.		
3.	Timelines for placement of orders for procurement of equipments with clear delivery schedule.		
4.	Plan for annual maintenance of the equipments (i.e. whether provision made for extended warranty period, etc.)		
5.	Whether a Register for permanent and semi-permanent assets maintained in the prescribed format under the GFRs		
<b>E</b>	<b>STAFFING</b>		
1.	Whether advertisement issued for the recruitment of contractual staff for MRHRU. If so, date of advertisement. If not, reasons therefor?		
2.	Date of submission of applications.		
3.	Date of interview to be held.		
4.	Whether selection made for the staff.		
5.	Likely date by which appointment letters to be issued.		
6.	Likely date by which incumbents are expected to join.		

	Number of staff currently employed in MRHRU, details		
<b>F</b>	<b>RESEARCH ACTIVITIES</b>		
1.	<b>Action Plan for initiating research activities pending completion of infrastructure/procurement of equipment (like development of concept proposals into full-length proposals and their submission to the ICMR)</b>		
2.	For research priorities at medical college level, the composition of local Research Advisory Committees (RAC-MRHRU) is in place or not, which would identify the research priorities and projects. (composition, if constituted)		
3.	Frequency of meeting of Local Research Advisory Committees to identify research priorities and progress of MRHRU defined		
4.	Annual schedule of meeting of Research Advisory Committee for the calendar year.		
5.	Nomination of one senior level official as nodal officer for the project for interaction with the State Government and DHR/ICMR and contact details		
6.	Nodal officer from linked medical college		
7.	Medical officer from linked PHC/CHC/DH		
8.	Setting up of internal mechanism for project implementation (Brief description to be attached as an annexure)		
9.	Full length Research Projects generated in the line of concept proposals submitted earlier along with MRHRU establishment proposal		
10.	Whether any proposal		

	submitted to any other funding agency or to ICMR for funding of research proposals (extra-mural). Attach list		
11.	No. and names of departments in the medical college engaged actively in proposal writing.		
12.	No. of proposals having multi-departmental involvement as co-investigators in the proposals.		
13.	No. of multi-centric projects handled by the MRHRU. Attach list		
14.	No. of publications/presentations arising from work done in MRHRU. Attach List in Vancouver style		
15.	No. of training/workshops conducted by MRHRU		
16.	Any research/service which has improved clinical management/public health		
<b>G</b>	<b>ANY SUGGESTIONS</b>		
	Suggestions, if any for effective implementation of the scheme		

***(Add separate sheet wherever required)***

Signature of the ICMR mentor Institute Director (with name/designation):

Signature (with name/designation) :  
*(Nodal Officer for MRHRU at ICMR institute)*

*(Principal/Dean, Medical College or Head of Institute)*  
(with name/designation)

Signature (With Name/ designation)  
*(Nodal Officer for MRHRU at Medical College)*

