

Annual progress report of Multi-Disciplinary Research Unit (MRU)

1. Name of the State:
2. Name of the Medical College/Institution:
3. Date of Report:
4. Name, Designation, Phone number and e-mail ID of nodal person:

S.No.	Particulars	Information	Remarks/comments, if any of Review Team
A	Whether Guidelines & Sanction Order for the Scheme has been received		
B. FINANCIAL			
Grant Received			
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 equipment		
4.	Interest accrued on the grant		
6.	Whether Interest amount has been returned to DHR		
7.	Whether separate books of accounts maintained for MRU		
8.	Whether research section/cell exists in the college for administration of research grants		
Expenditure Incurred			
6.	Expenditure incurred on Renovation/civil works		
7.	Expenditure incurred on equipment.		
8.	Whether UC/SOE for the grant received furnished to ICMR/DHR in GFR 12C		
9.	Details of UCs pending from other departments and action taken to settle the same.		
C. CIVIL WORKS			
1.	Whether space allocated for MRU is at least 300 sq mtr.		
2.	Status of Preparation of <ul style="list-style-type: none"> ▪ Detailed layout/design ▪ Cost estimates for renovation/ civil works.		
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		
D. EQUIPMENT			
1.	Number of equipment purchased List to be attached.		
2.	Number of equipment purchased out of the list given in the guidelines. List to be attached.		
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		
E. STAFFING			
1.	Whether advertisement issued for the recruitment of contractual staff for MRU. 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.		
7.	Present staff strength, list to be attached		
F. RESEARCH ACTIVITIES			
1.	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)		
2.	For research priorities at medical college level, the composition of local Research Advisory Committees (RAC-MRU) is in place or not, (composition, if constituted)		
3.	Frequency of meeting of Local Research Advisory Committees		
5.	Minutes of meetings held in last one year to be attached		
5.	Full length Research Projects in Non-communicable Diseases		

6.	Whether any proposal submitted to any other funding agency or to ICMR for funding of research proposals (If yes, state the number, titles, funding agency)		
7.	Whether part of any multi-centric projects (if yes, state the number, title, funding agency)		
8.	Number of projects approved by LRAC		
9.	Number of projects ongoing		
10.	Number of projects completed		
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.	Annual schedule of meeting of Research Advisory Committee for the calendar year.		
14.	Any publication arising from work done using MRU facility (funded/non-funded). If Yes, give list inn Vancouver style		
15.	Any presentation made in national/international conferences arising from work done using MRU facility (funded/non-funded). If Yes, give list in Vancouver style		
16.	Any public service/improvement in clinical management due to establishment of MRU		
17.	Number of training/workshops conducted. List to be attached		
18.	Number of personnel trained		
G	ANY SUGGESTIONS		
	Suggestions, if any for effective implementation of the scheme		

(Add separate sheet wherever required)

Signature (with name/designation):

Signature (with name/designation) :

()

(Nodal Officer for MRU at Medical College)

Names of Team members:

- 1.
- 2.

Signature : _____

(Principal/Dean, Medical College or Head of Institute)