Performa for Review of progress 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 :**

S. No.	Particulars	Information	Remarks/comments
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 equipments		
4.	Interest accrued on the grant		
5.	Whether separate books of accounts maintained for MRHRU		
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 19-A		
9.	Details of UCs pending from other departments and action taken to settle the same.		
C	**CIVIL WORKS**		
1.	Verification of the site identified and firming up of requisite space of 300 sq. mtr. for establishment of MRHRU in the Medical College premises		
2.	Action taken to transfer the land/space to DHR		
3.	Status of Preparation of ▪ Detailed layout/design		

	▪ cost estimates for renovation/ civil works.		
4.	Status of completion of formalities for award of work for renovation/civil works and the name of the executing agency		
5.	Likely date for completion of Renovation/ Civil Works		
D	**EQUIPMENTS**		
1.	Selection/identification of the need based equipment as per requirement of projects to be undertaken (from a indicative/broad list of equipments mentioned under the scheme)		
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		
E	**STAFFING**		
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.		

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-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.	Nomination of one senior level official as nodal officer for the project for interaction with the State Government and DHR/ICMR and contact details		
5.	Setting up of internal mechanism for project implementation (Brief description to be attached as an annexure)		
6.	Full length Research Projects in Non-communicable Diseases generated in the line of concept proposals submitted earlier along with MRHRU establishment proposal		
7.	Whether any proposal submitted to any other funding agency or to ICMR for funding of research proposals.		
8.	No. and names of departments in the medical college engaged actively in proposal writing.		
9.	No. of proposals having		

	multi-departmental involvement as co-investigators in the proposals.		
10.	Annual schedule of meeting of Research Advisory Committee for the calendar year.		
G	**ANY SUGGESTIONS**		
	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)