**Research allowance for Permanent/Senior Level Officers in Ministry of Health**

ETR/E/F -03

**Application Form**

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| 1. **Details of the Research Proposal**
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| 1.1 Research Title | **...........................................................................................................................****…………………………………………………………………………………****…………………………………………………………………………………****…………………………………………………………………………………** |
| 1.2 Name of the principal Investigator |

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| **2.1 Details of the Principal Investigator /Co-researchers** |
| 2.1 Name with initial |

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| 2.2 Full Name |

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| 2.3 Date of birth | Date: Month: Year:

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| 2.4 Age |

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| 2.5 Gender ( male/ female) |  |
| 2.6 Marital Status |  |
| 2.7 NIC Number |

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| 2.8 SLMC Reg. No |

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| 2.9 Contact Details | 2.9.1 Permanent Residential Address………………………………………………………………………………………...………………………………………………………………………………………...………………………………………………………………………………………...

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| 2.9.2 Mobile |  |  |  |  |  |  |  |  |  |  |
| 2.9.3 Residential |  |  |  |  |  |  |  |  |  |  |
| 2.9.4 Office |  |  |  |  |  |  |  |  |  |  |

2.9.5. E-mail …………………………………………………………………………………….. |
| 2.10 Current Working Station |  |
| 2.11 Date to Current Institution |

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| 2.12 Salary Paying Institution |  |
| 2.13 Current Post |  |
| * 1. Current Grade
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| **3.0 Declaration of researcher****I declare that,**1. The above facts are true and correct.
2. This is not full or part of official duty.
3. This is not a copy of an alerted version of a previous research by me or another person.
4. Research expenses are not be incurred from the provisions granted to the institutions from the Consolidated Fund.
5. I have not obtained research allowance under the Management Services Circular No. 45 before as a Principal Investigator or as a co-researcher
* Please inform the name of the research title and the file number if you have already obtained research allowance under the Management Services Circular No. 45. 

Research Title………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………... File No. ETR/E/MC/RP/……/20……I am aware that if any fault in facts of my declaration I am subject to departmental disciplinary action.…………………………………. ………………………… Signature Date |
| **4.0 Observation and Recommendation of the Head of Institution / Decentralized Unit / Specialized Campaign.**I certify the particulars furnished by the medical officer, are correct. (State any incorrect information, if furnished by the applicant)…………………………………… …………………………………………………. Signature of Head of Institution Signature of Head of Decentralized unit / Special Campaign  …………………………………… ……………………………………… Date DateObservation and Recommendation of the Regional Director of Health Services.…………………………………. ………………………… Signature Date |
| **5.0 Details of Co – researchers**

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| Name of Co-researchers | NIC Number | CurrentWorkingStation | Date toCurrentInstitution | Contacts No. |
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| **6.0 Check List** |
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| Items | Submitted |
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| Introduction and justification |  |
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| Objectives |  |
|  |  |
| Literature review |  |
|  |  |
| Methodology |  |
|  |  |
| Time line / Gantt Chart |  |

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| **7.0 Type of Research** (mark the relevant cage only)

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| **Type of Research** |  |  |  |
| Basic research |  |  |  |
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| Clinical trials |  |  |  |
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| Epidemiological research |  |  |  |
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| Evaluation research |  |  |  |
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| Qualitative research |  |  |  |
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| Quantitative research |  |  |  |
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| Service or programme monitoring and evaluation |  |
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| Other |  |  |  |

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| **8.0 Declaration of Researcher** I declare that the above facts are true and correct.…………………………………. ………………………… Signature Date |
| **Please submit under mentioned documents to the ET&R Unit.**1. *Principal Investigator*
	1. Properly filled application form
	2. Certified copy of the NIC
	3. Latest pay slip original or certified copy
	4. Certified copy of the SLMC Registration
	5. Ethical review committee approval
	6. Approval of the Board of Study if PGIM candidate
	7. 3 hard copies & one soft copy of the research proposal including Gantt chart and budget report
	8. Annexure II & III
2. *Co-researchers*
	1. Properly filled application form
	2. Certified copy of the NIC
	3. Latest pay slip original or certified copy
	4. Certified copy of the SLMC Registration

**Under mentioned letters should be addressed to DDG (ET&R) by the Principal Investigator**1. Request letter for the research allowance (Please fill Annexure I)
2. Date of commencement of the research (Please fill Annexure I)
3. i. Date of completion of 6 months of the research (Please fill Annexure I)
	1. A progress report of the research should be submitted if the research has started six months before the date of submission.
	2. And a progress report of the research should be submitted following six months from the date of commencement.
4. i. Date of completion of one year of the research (Please fill Annexure I)
	1. Final report should be submitted at the end of first year.
	2. Please refer essential requirements from the Management Services Circular No. 45 for the continuation of the research allowance for the 2nd year.
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**Annexure I**

Name of the Principal Investigator ………………………………………………,

Designation ……………………………………..,

Working place …………………………………..,

Address ………………………………………………………………………………….........................,

Date………/ ………../ ………..

Deputy Director General (Education, Training and Research),

Ministry of Health,

Dear Sir,

**Request for Research Allowance Under the Management Services Circular – No. 45**

**Title: ……………………………………………………………………………………………**

**…………………………………………………………………………………………………**

**…………………………………………………………………………………………………**

I would like to forward the above titled research proposal for the research allowance under the Management Services Circular No: 45 for your kind consideration, which I commenced

on ……./……../……….

Date of completion of 6 months: ……./……../……….

Date of completion of one year: ……./……../……….

Please be kind enough to do the needful for this request.

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(Signature of the Principal Investigator)

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| **Annexure II** |
| **Details (Should Be filled only by the****Principal Investigator)** | **Office****Use****Only** | **File No:****ETR/M/MC/RP……..…./……....** |
| 1. Date of handing over the Research

Proposal to ET & R Unit |  |
| 1. Research Topic
 |  |
| 1. Name of the Principal Investigator
 |  |
| 1. Designation
 |  |
| 1. Working Station
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| 1. Address of the Working Station
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| 1. Mobile No.
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| 1. Office Phone Number
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| 1. E-mail Address
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| 1. Name of the Ethical Clearance

Committee |  |
| 1. Date of Ethical Clearance
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| 1. No. of Co-Researches
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| 1. If the Research Proposal is already approved by PGIM Board of Study –
 |
| 1. The Name of the Board of Study
 |  |
| 1. Date of Approval by the Board of Study
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| 1. Signature of the Principal Investigator
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**Annexure III**

**Approval of research Allowance as per Management Services Circular No: 45**

1. Research Title: ………………………………………………………………………………………………………………...

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2. Details of Researches:

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|  | **Name** | **Designation** | **NIC No:** | **SLMC****Registration****No:** | **Place of Work** | **Paying Officer** |
| 1 | Principal Investigator |  |  |  |  |  |
| 2 | Co-Investigators |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
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1. Ethical Review Committee
	1. Name of the Ethical Review Committee: ……………………………...…………………………
	2. Date of Approval: …..…/……../………
2. For Post Graduate Research Proposals of PGIM

Approval of Board of study……………………………...… of PGIM on …..…/……../………

1. Date of submission of the research proposal to ET&R unit: …..…/……../………
2. a) Date of commencement of the research: …..…/……../………
	1. Progress report submitted on …..…/……../………

**Annexure iv**

**For Office use only:**

1. Reviewer recommendation on pre-proposal:
2. Reviewer – 01 : Dr. ……………………………… Approved on ……….. /…………. / ………….
3. Reviewer – 02 : Dr. …………………………… .. Approved on ……….. /…………. / ………….
4. Prepared & Forwarded by:
5. Signature : …………………………………………….
6. Name : …………………………………………….
7. Date : …………………………………………….
8. Reviewed and recommended by :

I recommended and forwarded the request made by the above medical officer/s for research allowances as per Management Service Circular No.02/2014 dated on 11.02.2014 as the candidates fulfilled the criteria (as 1-6) required allowances. I seek your approval for commencement of the payments from ……….. /…………. / ………….

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 **Dr. Sudath Samaraweera Dr. S.Sridharan Dr. S.C.Wickramasinghe**

 **Deputy Director General Deputy Director General Deputy Director General**

**(Education Research & Training Unit) (Planning) (Non-Communicable Disease)**

………………….……………… …………………..………………

 **Dr. Lal Panapitiya Dr. Dileep De Silva**

 **Director Head – HR Coordinating Unit**

 **(Medical Supplies Division) Ministry of Health**

 **Recommended / Not Recommended Approved / Not Approved**

**……………………………………………….. …………………………………………….**

 **Director General of Health Services Secretary of Health**

 **Date : ………………………...**