

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION &  
RESEARCH, PUDUCHERRY-605006  
**(An Institution of National Importance under the Ministry of Health & Family Welfare,  
Govt. of India)**

**Format**

**FOR SUBMITTING STEM CELL RESEARCH PROPOSAL FOR CONSIDERATION BY INSTITUTE  
COMMITTEE FOR STEM CELL RESEARCH**

**SECTION- 1**

**(For IC-SCR)**

**PART A – GENERAL INFORMATION**

1. Title of the project :
2. Name, designation and address of PI with mobile number and email ID :
3. Name, designation and address of Co-I with mobile number and email ID :
4. Study duration:
5. Collaborating departments from the same institute:
6. Collaborating Institutions, if any:
7. Consent from the Collaborating Institutions/ MoU if any (Enclose copies of the same):
8. Responsibilities of each collaborating Institution:
9. Details of foreign collaboration with supporting evidence :
10. Details of foreign extramural funding with supporting evidence:
  - A. Details of source(s) of finding
  - B. Details of overall funding
  - C. Details of funding to JIPMER with breakup
11. Details of Indian extramural funding with supportive evidence:
  - A. Details of source(s) of finding
  - B. Details of overall funding

C. Details of funding to JIPMER with breakup

**PART B – TECHNICAL DETAILS**

1. Title of the study:
2. Background with rationale, novelty and application(s):
3. Research question(s):
4. Research hypothesis(es), if any:
5. Aims and Objectives:
6. Brief review of literature:
7. Study participants (Humans, animals or both, cell lines):
8. Inclusion and exclusion criteria:
9. Study design:
10. Number of groups, their names and definitions:
11. Sampling method:
12. Sample size along with calculation method(s) :
13. Randomization details, if any:
14. Methodology in detail:
15. Flow chart, if necessary:
16. Relevant References (Maximum 20 cited sequentially in the text of project as per Vancouver style)
17. Enclosures:
  - a. Brief CV of PI and Co-I
  - b. MoU if any
  - c. Copy of signed consent from collaborating institutions, if any

A. Signature of the Investigator

(Name, Designation, Department, Seal and Date)

B. Signature of Head of the Department of the Investigator

(Name, Designation, Department, Seal and Date)

C. Signature(s) of the Co-Investigator(s)

(Name, Designation, Department, Seal and Date)

D. Signature(s) of Head(s) of the Department of the co-investigator(s)

(Name, Designation, Department, Seal and Date)