

ISP- MDS Dissertation Grants**APPLICATION FORMAT (RESEARCH PROPOSAL)****1. GENERAL INFORMATION**

Name of the applicant (in Block Letters) _____

Father, s name _____

Postal address for correspondence : _____

Email: _____

Phone (R): _____

Mobile: _____

Permanent address : _____

Date of Birth : _____

2. ACADEMIC RECORD:

List serially, the particulars of all examinations passed from Matriculation/Higher Secondary onwards and enclose attested copies of certificates/degrees for each of the examinations passed

Examination	Year of passing	School/ College/ Univ.	Aggregate marks obtained/Score	Class/ Division/ Rank	Distinction	Number of attempts
Matric						
Higher Secondary						
NEET UG						
BDS						
NEET PG						

Registration no.(State dental council)-

3. PARTICULARS OF RESEARCH (Submit 3 copies of the proposal)

1. Title of the proposed research project (up to 25 words): should be specific, concise and yet sufficiently descriptive and informative.
2. Summary (up to 250 words maximum): A structured summary should contain the following subheadings: (i) Rationale/gaps in existing knowledge,(ii) Novelty, (iii)Objectives, (iv)Methods, and (v) Expected outcome.
3. Area of research- basics of implant surgery, osseointegration, bone augmentation techniques like guided bone regeneration, various implant treatment protocols including placement and loading, maintenance protocols, material innovations, implant surface modifications, digital planning and surgical modifications, aesthetic outcomes with implant supported prosthesis and patient centered outcomes etc. or any other related research question.(*Please select the appropriate category*)
4. Keywords: Six keywords separated by comma which best describe your project. (*Preferably MeSH terms*)
5. Abbreviations: Only standard abbreviations should be used in the text. List of abbreviations maximum of ten may be given as a list.
6. Problem Statement (up to 500 words): State the currently available information to adequately present the problem.
7. Rationale of the study (up to 250 words): Mention how the research question addresses the critical barrier(s) in scientific knowledge, technical capability, and/or programmatic/clinical practice and its relevance to local, national and international context with relevant bibliography.
8. Background work done, if any
9. Hypothesis/ Research question (up to 100 words):
10. Study Objectives (up to 25 words/ objective): Define the objectives (3-4) clearly and in measurable terms; mention as primary and secondary objectives if necessary.
11. Methodology: Include objective-wise work plan under the following sub-headings:
 - a. Study design
 - b. Study site
 - c. Methods (e.g. PICO)
 - d. Sample size
 - e. Implementation strategy
 - f. Statistical analysis
 - g. Ethical issues
12. Detailed budget- Only under following two headings, with details and approximate cost
 - i) Equipment ii) Consumables

(As far as possible, refrain from using the brand names for implants/grfts etc. Rather provide the detailed specifications for the same. ISP shall try to provide the hardware/material requirements based on the specifications provided, if possible.)
13. Expected outcome/ Deliverables aligned with research question (up to 100 words):
14. Whether the study is going to generate new intellectual property or will be in conflict with the existing one?: Please provide details
15. Timelines with achievable targets:

Signature of the candidate _____

(II) Name & Address of Guide:

5. INSTITUTION WHERE MDS IS BEING PURSUED:

Name_____

Postal address_____

Email:_____

Telephone_____

Fax_____

University Registration no-:

This is to testify that the research proposal and other details submitted by Dr..... for ISP MDS Dissertation Grant has been seen and verified. The institute has no objection in his/her applying for ISP-MDS Dissertation Grant.

Name & Signature of the Guide
(Seal bearing Designation & Address)

Name & Signature of the Head of Department
(Seal bearing Designation & Address)

Name & Signature of the Principal/Dean
(Seal bearing Designation & Address)

ISP- MDS Dissertation Grants
Short Resume format (PG Guide) (Maximum two pages)

Name: _____

Qualifications: _____

Designation: _____

Institute: _____

Date of Birth

Domain Expertise

Articles in Indexed scientific journals (Past 10 years)

 Maximum of 10 primary research publications, preferably related to the proposal

Publication details in AMA style	Impact factor of journal

(Publications as first, last or corresponding authors may be identified with an asterisk (*))

 Total Teaching Experience:

S.no	College/institute /Department	Designation/Post held	From	To	Total duration

Signature of PG Guide:**(Seal bearing Designation & Address)**

ISP- MDS Dissertation Grants

UNDERTAKING

Non Submission to any other agency for financial support

This is to certify that the research project titled
“.....
.....
.....”
has not been submitted to any other agency except **Indian Society of Periodontology** for financial support

Signature of PG Student:

**Signature of PG Guide:
(Seal bearing Designation & Address)**

Annexure 4

Agreement on the Administration of ISP- MDS Dissertation Grants

THIS GRANT AWARD AGREEMENT (“Agreement”) is made and entered by and between The Indian society of Periodontology (“Society”) and _____ (Parties (PG student, “PG Guide”).

WHEREAS, Grantee (PG student) under the supervision of the PG guide has submitted a proposal to Society received on _____, 20_ (the “Proposal”) to fund the project described therein (the “Project”); and WHEREAS, Society agrees to make a grant to Grantee "funded for Rs _____/ required hardware & consumables to fund the Project, subject to the terms and conditions set forth herein (the “Grant”).

NOW, THEREFORE, the parties agree as follows:

- 1.** The project shall not be started until all needful regulatory approvals e.g. ethical clearance form IEC, and clinical trial registration, in case of a clinical trial have been obtained.
- 2.** Aims and objectives of the proposed research work shall be modified during the course of study, only after obtaining due permission from SRC, in case the need be.
- 3.** The amount of grant shall be utilized exclusively for the purpose, it has been granted for.
- 4.** The submission of the periodic interim and final reports shall be ensured as per the timeline stated at the outset, failing which the next installment of the Research Grant shall be withheld.
- 5.** All new intellectual property viz. patents, copyright, design, etc. generated as part of the research supported by the ISP would jointly belong to the Society and the applicant/ host institute.
- 6.** If the applicant leaves the course before completing the project, then the whole amount of the said grant will have to be refunded to ISP Head Office with suitable justifications. Also, any surplus fund or unspent balance at the end of study shall be submitted back to ISP at the end of study.
- 7.** Any misconduct/unethical practices during the course of study, wrong submission or non completion of the project shall debar the PG student, PG guide and their institute from further funding from ISP for consecutive next 5 years. The primary ISP membership, of the student member and PG guide shall be terminated.
- 8.** In an event of a change of PG guide during the course of project, the same undertakings and agreement have to be submitted by the new PG guide for the satisfactory completion of the project, failing which the grant shall be terminated and liable for refund to the Society.
- 9.** ISP will not be responsible for any action on claims in anyway arising from or caused by any wrongful/ reckless or negligent acts by the PG student, PG guide and their institute during the course of research work.

Signature of PG Student

Name & Signature of the Guide
(Seal bearing Designation & Address)

Signature & Seal of Secretary, ISP

Format - 1
ISP- MDS Dissertation Grants
ACCEPTANCE

To
The Secretary
Indian Society of Periodontology

Dear Madam/Sir,

1. We hereby accept the project entitled ----- (ISP Project ID.....) with Sanctioned budget- -----and duration of -----years.
2. We agree to submit six monthly progress reports along with Statement of Expenditure by the prescribed date, failing which next installment of the grant shall not be released.
3. We agree to submit following documents within three months from the date of completion or termination of the project:
 - a. The Final Report
 - b. A list of articles, both expendable and non-expendable
 - c. Submit all the raw data (along with descriptions) generated from the project.
4. We agree to submit the utilization certificate as stipulated by ISP.
5. We agree to acknowledge the ISP in MDS Dissertation, all publications and scientific presentations related to the study.

Name and signatures of the PG Student

Name and signatures of the PG Guide
(Seal bearing Designation & Address)

Signatures and seal of Head of the Institute
Date: _____

Format - 2
Indian Society of Periodontology
ISP- MDS Dissertation Grants
MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAILS OF ACCOUNT HOLDER :-

1	NAME OF ACCOUNT HOLDER (PG student Name)	
2	REGISTERED MOBILE NUMBER	
3	COMPLETE CONTACT ADDRESS	
4	TELEPHONE NUMBER / E MAIL	
5	TITLE OF THE DISSERTATION	

B. BANK ACCOUNT DETAIL :- (PG Bank Account Details)

1	BANK NAME	
2	BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
3	COMPLETE BANK ACCOUNT NUMBER (LATEST)(Account of the PG student)	
4	IFSC CODE OF BANK	
5	MICR CODE OF BANK	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Date : (..... Signature & Seal of Guide.....) (Signature of Candidate)

NOTE :

Please attach a photocopy of cancelled cheque for purpose of verification of the concerned bank account where money is to be remitted.

Format - 3
ISP- MDS Dissertation Grants
FORMAT FOR 6 MONTHLY PROGRESS REPORT

Project ID:
IEC approval no.

Date of Submission:
CTRI registration no.

1. Project Title
2. Post Graduate Student (Name & Address)
3. PG guide (Name & Address)
4. Name of the Institution
5. Date of start
6. Six monthly report no- I, II, III, IV (Please tick the appropriate)
7. Summary of progress (during the period of report)
8. Research work which remains to be done under the project
9. Any publications /Presentations
10. Any patents applied for
11. Statement of expenditure

Signature of PG Student:

Signature of PG Guide:
(Seal bearing Designation & Address)

Format - 4
ISP- MDS Dissertation Grants
CERTIFICATE OF COMPLETION

This is to certify that Dr.....has carried out the research study titled
“.....”

(Project ID) at Department of Periodontics,
.....

The work has been completed under my direct supervision and to my satisfaction.

Signature of PG Guide:
(Seal bearing Designation & Address)
Date:

Format - 5
ISP- MDS Dissertation Grants
FORMAT FOR FINAL REPORT

Project ID:
IEC approval no.

Date of Submission:
CTRI registration no

1. Title of the Project:
2. Principal Investigator and Co-Investigators:
3. Implementing Institution and other collaborating Institutions:
4. Date of Commencement and completion:
5. Duration:
6. Objectives as approved:
7. Deviation made from original objectives if any, while implementing the projects and reasons thereof.
8. Experimental work giving full details of experimental set up, methods adopted, data collected supported by necessary tables, charts, diagrams and photographs.
9. Detailed analysis of results indicating contributions made towards increasing the current state of knowledge in the subject.
10. Conclusions summarizing the achievements of the projects and indication of scope for future work
11. Science and Technology benefits accrued:
 - I) List of research publications with complete details: Authors, Title of paper, Name of journal, Vol., page, year.
 - II) Patents taken, if any:
 - III) Products developed, if any:
12. Abstract (300 words)

Signature of PG Student:

Name & Signature of the Guide
(Seal bearing Designation & Address)

Name & Signature of the Principal/Dean
(Seal bearing Designation & Address)

Format - 6
ISP- MDS Dissertation
Grants FORMAT FOR
UTILISATION CERTIFICATE

Date of Submission:

Certified that out of Rs..... of grant-in-aid sanctioned during the year...

.....
in

favour of.....vide Project ID:

.....under ISP Head Office Letter No..... and Rs.....has been utilized.....for the purpose

of.....

... for which it was sanctioned and that the balance of Rs remaining unutilized at the end of the year

has been surrendered to ISP Head Office vide Cheque No.....

Dated.....

Encl: Self attested copies of Invoices

Signature of PG Student:

Signature of PG Guide:
(Seal bearing Designation & Address)