## SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW.

## Intramural Research Project Receipt form to be submitted in Duplicate

Type of submission:	New	Revised	
Title of the project:			
Name of Principal Investiga	tor & Department:		

## Checklist to assess the project before submission to the Research Committee for review

Sl. No.	Mandatory Document	Yes	No	Not applicable	Page No.
1	Project proposal as per the prescribed format				
2	Minutes of the Departmental Research Committee Meeting				
3	Institutional Ethics Committee Receipt for submission				
4	Institutional Animal Ethics Committee Receipt for submission				
5	Undertaking by the Principal Investigator				
6	C.V. of New or Investigator outside the SGPGI				

**Documents submitted** 

a) Comple	ete
-----------	-----

b) Incomplete, will submit on

**Receivers Name:** 

Signature & Date (with stamp)

Project submitted by Name & Signature: