



# Institutional Research Committee

Tagore Medical College and Hospital  
Rathinamangalam, Chennai – 600127  
E. mail: irc@tagoremch.com Intercom: 209

## Application for Research Proposal Review

To be filled by IRC secretariat:

IRC number: \_\_\_\_\_

Received date: \_\_\_\_\_

### SECTION A - BASIC INFORMATION

1. Name of the principal investigator: \_\_\_\_\_
2. Designation: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Details of investigators:

S.No.	Name and affiliation of the investigator	Role (Principal Investigator/Co-investigator/Guide)	Contact details (Phone number and E. mail ID)

**SECTION B – RESEARCH PROPOSAL INFORMATIONS**

**1. Title of the study:**

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**2. Study type: (Tick appropriate)**

- a. Descriptive study:
- b. Analytical – Observational study:
- c. Analytical – Interventional study:

**3. Study design (Tick appropriate)**

- a. Cross-sectional:
- b. Case-control:
- c. Retrospective cohort:
- d. Prospective cohort:
- e. Qualitative:
- f. Quantitative:
- g. Mixed methodology:
- h. Systematic review:
- i. Meta-analysis:
- j. Clinical trial:
- k. Others: \_\_\_\_\_

**4. Sampling method:** \_\_\_\_\_

**5. Study population:** \_\_\_\_\_

**6. Total Sample size:** \_\_\_\_\_

7. **Have you calculated the sample size by appropriate method:** Yes/No

8. **If analytical study, write briefly the hypothesis:**

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9. **Duration of the study:** \_\_\_\_\_Months/Year

10. **Research Proposal:** Attach the research proposal to this filled-in application form in the format as given in Annexure I.

11. **Forward through HOD**

	<b>Signature with date and seal</b>
<b>Principal Investigator</b>	
<b>Head of the Department</b>	

**Note:** *All the research proposals should accompany with this application form and should be submitted through Dean, Tagore Medical College and Hospital.*