

Rathinamangalam, Melakkottaiyur Post, Chennai - 600127. Phone: 044-30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



(Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare. Govt. of India New Delhi)

# CHAIRPERSON'S POSTGRADUATE/FACULTY AWARDS SCHEME PROJECT REPORT

#### INSTRUCTIONS

Dear Students, Faculty, and Scholars.

Kindly follow the format given below to organize the Chairperson's Postgraduate/Faculty Awards Scheme project report.

### **Project Details:**

- •Title: Should be concise, descriptive, and include study design if applicable.
- Authors' Order and Affiliation: Mention full names, department, and institution. Follow the correct order of contribution.
- Tag STR Number: Enter the official STR project number.
- ORCID ID: Provide ORCID IDs of all authors (register at https://orcid.org).
- Abstract: Limit 250–300 words. Use a structured format (Background, Methods, Results, Conclusion).
- Keywords: Include 3–6 keywords for indexing

#### **Main Article Sections:**

Introduction – Explain the background, significance of the study, and objectives. Cite relevant references.

- Materials and Methods Describe study design, participants, inclusion/exclusion criteria, tools, instruments, procedures, and ethical approval. Ensure sufficient detail for reproducibility.
- Statistical Analysis Clearly mention methods, tests used, software name and version, confidence intervals, and p-values.
- Results Present in logical sequence. Include demographic profile, tables, figures, photographs, and histopathological images. Do not repeat data unnecessarily in both tables and text.
- Discussion Summarize main findings, compare with other studies, explain reasons for differences, highlight strengths, limitations, and implications for future studies.



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- Conclusion Summarize key findings and their clinical/research importance without overinterpretation.
- Acknowledgment Mention individuals/institutions who contributed but are not authors.
- Funding Details State funding source, grant numbers, institutional support.
- Conflict of Interest Declare if any. If none, state 'No conflict of interest'.
- References Minimum 20, preferably from the last 5 years, indexed in Scopus, PubMed, Web of Science. Follow Vancouver style.

Kindly finish the report and submit a soft copy to irc@tagoremch.com and a hard copy to Mr. Jeevanantham in the Tag BioIncubation Center. For detailed format, kindly refer to the ICMJE guidelines link (<a href="https://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html#a">https://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html#a</a>)

For more details, contact:

Dr. T. M. Balaji (Mobile no: 9840596523)

Dr. S. Kiran Kumar (Mobile no: 9566167567)

Mr. N. Jeevanantham (Mobile no: 7094901703)

#### Formatting and Writing Suggestions:

- Use a structured abstract and avoid exceeding word limits.
- Ensure tables and figures are clear, labelled properly, and high resolution (≥300 dpi).
- Use simple and clear language for readability.
- Do not copy text from other sources avoid plagiarism.
- Follow ethical guidelines and clearly mention ethics committee approval if applicable.
- Proofread the manuscript before submission



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# CHAIRPERSON'S POSTGRADUATE/FACULTY AWARDS SCHEME FELLOWSHIP FUND UTILIZATION INVOICE

Department: _						
Invoice No.: _		Date: /	/ 20			
1. Beneficiary	Details					
Name of Facu	ılty / PG Studer	nt:				
Designation (						
Department:						
	cheme / Award					
Total Fellowship Sanctioned: ₹						
2. Expenditure	Statement					
	,	Data of	A	D:11/D : - 4	D	
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Total			₹			
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3. Balance Details						
Total Fellowship Received: ₹						
Total Expenditure: ₹						
Balance (if any	/): ₹					



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#### 4. Declaration

I hereby declare that the above expenditure was made solely for the sanctioned fellowship project, and all bills/receipts are genuine to the best of my knowledge.

Signature of Applicant:	
Date: / / 20	
<del></del>	
5. Verification & Approval	
Guide / Mentor (for PGs):	(Signature)
Head of Department (HOD):	(Signatura & Saal)
Head of Department (HOD):	(Signature & Seal)



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#### **Consent Letter for Publication**

Date:
To The Editor-in-Chief [Journal Name] [Publisher]
Subject: Consent for Publication
Dear Editor,
We, the undersigned authors of the manuscript entitled "," hereby provide our consent for the publication of this work in [Journal Name]. We confirm that the manuscript represents original work, has not been published previously, and is not under consideration for publication elsewhere.
All authors have read and approved the final version of the manuscript and agree to its submission to [Journal Name]. We also affirm that there are no conflicts of interest related to this manuscript, and that all ethical guidelines for research and publication have been followed.
We hereby transfer the rights of publication to [Publisher/Journal] and grant permission to publish the article in print and/or electronic form.
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Sincerely,
Author(s) Name & Signature:
Affiliation:
Email ID: