

# SHORT TERM SUMMER RESEARCH PROGRAM

## APPLICATION FOR STUDENT RESEARCH FELLOWSHIP

TIRUNELVELI MEDICAL COLLEGE, TIRUNELVELI

NAME ..... BATCH.....

EMAIL ADDRESS .....TELEPHONE .....

RESIDENCE ADDRESS: .....

### **RESEARCH PROPOSAL**

BRIEF TITLE OF RESEARCH : .....

.....

PROPOSED PERIOD OF THE STUDY : ..... MONTHS/DAYS FROM.....TO.....

DEPARTMENT / PLACE OF STUDY .....

FACULTY MENTOR : .....

#### **I CERTIFY THAT:**

I am will work in the department during the proposed length of the study.

I have no other postings, responsibilities or academic commitments during the aforesaid period.

I will submit a written report of my research study before the last date allotted for my study.

#### FACULTY MENTOR CERTIFICATION

##### **I certify that**

I have examined and approved the application, study design and protocol.

I will provide the needed resource and space and will supervise the study.

I will provision a protocol sanction from the institutional ethics committee / animal house ethics committee, before the start of the study.

\_\_\_\_\_  
Student's Signature & Date

\_\_\_\_\_  
Faculty Mentor Signature Date

#### DEPARTMENT PROFESSOR APPROVAL

I have reviewed and approved the study design, and feasibility of the proposed work under the faculty mentor's supervision.

\_\_\_\_\_  
Department Prof Signature & Date

#### NOTE:

ATTACH A COPY OF THE STUDY PROTOCOL AS TYPED FORMAT NOT MORE THAN 1500 WORDS.

THE SUBMISSION SHALL HAVE THE FOLLOWING HEADINGS: **a) BACKGROUND OF THE STUDY**

**b) HYPOTHESIS TO BE STUDIED c) AIM & OBJECTIVE d) MATERIALS & METHODS;**

**e) REFERENCES.**