



भारतीय आयुर्विज्ञान अनुसंधान परिषद

INDIAN COUNCIL OF MEDICAL RESEARCH

स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)

DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)

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V.RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX 4911, NEW DELHI-110029

No.

Dated:

To

Subject:

Sir/ Madam,

The above mentioned research proposal (copy enclosed) has been submitted by _____ . The proposal would be placed in the next HMSC meeting for consideration of funding from _____. The Council will be grateful for your valuable opinion as to the merits of the proposal. Your comments may kindly be sent as per the following format.

1. Has the objective of the proposal been clearly identified?
2. Is it relevant to our national needs?
3. Is it likely to make a significant contribution to the advancement of knowledge in the field?
4. Has the proposal been properly designed?
5. Does the investigator, in your opinion possess the necessary expertise, facilities to accomplish the work?
6. Detailed technical comments.
7. Has the proposal any sensitivity or security angles and does it involve the communication of the primary data to any outside / international agency?
8. The proposal:
 - a) may be accepted in the present form.
 - b) needs revision (specific suggestions for revising the proposal to be given)
 - c) may be rejected no technically sound not feasible; and
 - d) other reasons (specify)

I would appreciate if the comments are sent to us within a fortnight. Kindly also return the documents (s) alongwith your reply.

Yours faithfully,

For Director General