

**TATYASAHEB KORE DENTAL COLLEGE AND RESEARCH CENTRE,
NEW PARGAON.**



**SCIENTIFIC COMMITTEE FOR
RESEARCH AND PUBLICATION**

APPLICATION– II

(for the appraisal of grants for Research Project)

Serial No: TKDC/ RES 14-

Date: _____

Name of the Investigator: _____

Qualification: _____ **Department:** _____

Designation: _____ **Email:** _____

College/Institution: _____

Contact No: _____

Title Of The Research Project: _____

Type of Study : Original

Case Report

Others

Copy of the Synopsis attached : YES

NO

Estimated budget for the study _____

Copy of ethical committee approval from college: YES

NO

I _____ hereby request to the Board of Scientific Committee for Research and Publication to grant financial support for above mentioned research project. Kindly do the needful.

Thanking you

Head Of Department

Yours sincerely

Seal and signature

(For official use only)

Date of application received:

From:

Serial no:

Title of the Research Project :

**Signature of the member secretary
for Research committee**

**Principal signature
TKDC & RC**