

Application Form

**Association Of Physicians of India –Karnataka Chapter  
API Bhavana, Millers tank area  
Vasanthnagar, Bangalore**

**APPLICATION FORM FOR “API-KC Research grant”  
Please use BLOCK LETTERS**

1. Full Name.....Sex (M/F).....  
Last Name First Middle
2. Present Address:.....  
.....
3. Permanent address .....
4. a) Date of birth..... (b) State of Domicile.....
5. Academic and professional qualifications (from first degree onwards):

Degree/ Diploma	Subject	Percentage of marks or Grade	Name of University/ Institution	Duration of course	Month & year of passing

6. Specializations, in terms of broad Area of Specialization and Exact Area of specialization:

(a) Subject	(b) Broad area of Specialization	Exact area of Specialization/Interest

7. Publications and Patents: **(Please attach list of publications with full references and reprints or photocopies bearing serial numbers corresponding with those in the list):**

(a) No. of papers (i) Published.....(ii)Accepted.....

8. Prizes, Honours, Awards, Distinctions, if any:.....  
.....  
.....

9. Give details of employments, if any (A separate sheet may be used):

Title of the proposed Research Project:

.....  
.....  
.....

(Describe in detail, on a separate sheet, the Research Project you would like to pursue, along with plan of work. Please give brief overview of the study including aims and objectives, study designs, participating centers and other participants.)

10. Is the project approved by the Institutional review board /Ethical committee of your Institute where the study is proposed to be held?

11:What is the estimate cost of project?

11. Have you received grants /funds from other sources for the same project? If so give details:

12. What is approximate duration of study?

**13. Declaration:**

I have read the terms and conditions of the API-KC Research Grant Scheme.. I accept and agree to abide by these, if the Grant is offered to me. I certify that to the best of my knowledge and belief, the particulars given in the application are correct. I understand that the decision taken on my application by API-KC will be final. (If false and suppression of factual information in the application form comes to the notice of API-KC at any time, the grant would be liable to be terminated).I also agree to give periodic update of progress of the project to API-KC and agree for scrutiny of relevant details about the study and the expenditure by API-KC

Place.....

Signature of the candidate.....

Date:.....