

Budget Sheet for the Proposed Study

1	Title of the Project:	
2	Principal Investigator	
3	Designation and address of the PI	
4.	Source of funding	
	Intramural	
	Extramural	
	a) Government (please specify)	<input type="checkbox"/> Central <input type="checkbox"/> State <input type="checkbox"/> Local
	b) Private Foundation: (please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> Foreign
	c) Industry: (please specify)	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other
	d) Other:	
	Pharma sponsored	<input type="checkbox"/> Indian <input type="checkbox"/> Foreign
	Address, phone, fax. E-mail of sponsor with the name of the contact person	
	No funding required	
5.	Total Budget for the entire project in Rs.	
6.	Duration of the Project in months	
7.	Proposed date of starting the project	
8.	Direct payments to investigators, if any	
9.	Any other benefits to the investigators	
10	Name of PI:	Signature: Date:

Detailed Budget for the Proposed Study*

1	Source of funding	Please specify			
		1 st Year	2 nd Year	3 rd Year	Total
2	Salaries-personnel (Numbers)				

	Doctor / Post-Doc (Research Fellow)				
	Research Nurse				
	Data operator				
	Any other specify				
1.	Equipment and Hardware- kindly specify				
	-				
	-				
	-				
4	Drugs and Consumables				
	-				
	-				
	-				
5	Clinical Investigations				
	-				
	-				
	-				
6	Hospitalization				
	-				
	-				
	-				
7	Travel expenditure for investigators				
	-				
	-				
8	Travel expenditure for trial participant and one attendant				
9	Honorarium to				

	doctors/technicians				
10	Insurance				
	i. for investigators				
	ii. any unforeseen, accidental trial related injury				
11.	Any other expenditures				
12.	Miscellaneous				
13.	TMC Service Charge (as per current TMC norms for pharma sponsored studies) (TMC,CRI, DAE, ICMR, DBT, DST, IAEA, WHO, IARC etc. funded project are exempted)				
14.	Estimated Professional charges for clinical services (as per current TMC norms for pharma sponsored studies)				
15	Archival fees for Pharma Sponsored studies (as per current TMC norms for pharma sponsored studies)				
16	Grand Total				
	Name of PI:	Signature:			Date:

Note:

- PI should devise incremental budget whenever necessary.
- Please provide the complete break-up of item nos. 3, 4 & 5 on separate sheet.
- Please specify year-wise total in grand total column