

Application Form  
to Register as  
Recognized  
Research Centre of  
Kerala University of Health  
Sciences

## GENERAL INFORMATION

1	Date of Establishment	
2	Statement of Aims and objectives (Attach as appendix if necessary)	
3	Statement of financial resources including sources of income (Attach as appendix if necessary)	
4	Constitution of the organization (Attach as appendix)	
5	Details of Governing body of the institution (Attach as appendix)	

### I. DETAILS OF THE INSTITUTION

1	Name of the Institute with location :	
	Postal Address	
	Telephone No	
	Mobile No.	
	E Mail	
2	Administrative Status of the Institution: (Society/Trust/Institution or any other)	
3	Head of the Institution/College/Centre (Designation) :	
	Name:	
	Address:	
	Telephone No.:	
	Mobile No.:	
	E Mail :	

4	Name of the authority or public body that (a) Finance to the Institution/College/Centre (b)Manages funds for the course that applied for :				
5	Name of the University/Agency with which the Institution/College/Centre is affiliated/recognised for research/courses/activities, if any :				
	<b>Sl. No.</b>	<b>Name of the Course / Activity</b>	<b>Status</b>	<b>Name of the University/Agency/Institution</b>	<b>Extend of utilization of the Status/Funding</b>
6	Details of Departments for recognition is sought for		1.		
			2.		
			3.		
			4.		
			5.		
			6.		
			7.		
7	Details of other supporting departments/facilities available in the Institution (Attach as appendix if necessary)				
8	Is any other department or facility under the same Institution/College/Centre recognised as a research Canter, if so name and location and address				

9	Is any other department or facility under the same Institution seeking recognition as a research Institution, if so name, location and address	
---	--	--

## **II. DETAILS OF INSTITUTION / COLLEGE**

### **1. Total area of building – Plinth area:**

(Attach copy of Approved plan)

Sl. No.	Total Area	Total Area of res. labs	Library	Animal House	Stores (General)	Stores (Research)	Total Administrative Area	Admin-Area for Research

### **2. Laboratory/work area & Details:**

Sl.No.	Laboratory	Area	Type of Research Activity (Experimental/Observational/Interventional/Translational/Interdisciplinary)	Methodology/Technology	Comments

### **3. List of Equipments:**

Sl.No.	Name of equipment	Source	Year of purchase/Installation/duration of rental	Application in Research/Teaching	Comments
1.					
2.					
3.					
4.					
5.					

6.					
7.					
8.					
If Outsourced Sl.No.	Technology/methodology/samples Approvals/information	Source (Address, Website)	Applications/Purpose	Reasons for outsourcing	Comments
1					
2					
3					

**4. Library facility: (Total area)**

Total Area	Total No. of Books	No. of Ref. Books	No. of Books related to area of research	No. of print journal	No. of e-journal	Physical verification/proof	Comments

<b>5. Animal House facility :</b>	
<b>6. No. of Lecture Halls, if any :</b>	
<b>7. Any other facilities supporting research :</b>	
<b>8. Other facilities in the building:</b>	
a) Common rooms:	
b) Toilets:	
c) Staff rooms:	
d) Auditorium	
e) Other courses :	

**III. DETAILS OF HOSPITAL FACILITIES AVAILABLE AND RELATED TO THE RESEARCH ACTIVITIES**

1	Number of beds	
2	Departments	
3	Whether teaching hospital or not	
4	Courses with number of seats	
5	Facilities	

Please mention NA, if not applicable

**IV. DETAILS OF FACULTY MEMBERS:**

(Attach separate list of faculties stating the Designation, Qualification, Experience, Date of Joining with their signature etc. in the following format for each faculty)

Name, Date of joining present Institution	Designation	Qualification	Subjects of Experience/ Research Expertise	Post-doctoral/ Post MD/MS Teaching/Research (No. of years)	Full time/Part time
If the faculty is a Supervisory Guide of KUHS:					
Research Experience :					
Research supervision :					
External funded project:					
Area of Research Expertise:					
No. of publications after joining the centre :					
Research Projects involved :					
Total No of Publications					
Details of recognition/ Awards etc. if any					

**V. RESEARCH OUTPUT DURING THE LAST FIVE YEARS:****A. Publications in Peer reviewed Journals**

(Limited to recent work done, attach list of publications): 10 numbers

Sl.No.	Publication	Publisher, Impact factor of J. (annual)	Citation	Comments on Journal	Comments on Article
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**B. Details of Patents Received/Applied for:**

Sl. No.	Title	Authority	Ref. No.	Comments
a				
b				
c				

**C. External Funded Research Projects Govt./Industry/Other sources:**

Sl. No.	Title of the Project	Name of Investigators	Funding agency, year of starting and completing	Amount sanctioned

**D. Projects Funded from Internal/Shared/Consultancy/Fees/Other sources:**

Sl. No.	Title of the Project	Name of Investigators	Funding agency, year of starting and completing	Amount sanctioned
a.				

b.				
c.				
d.				
e.				
f.				
g.				

**VI. ONGOING RESEARCH ACTIVITIES/PRELIMINARY STUDIES NOT INCLUDED IN THE ABOVE PROJECTS:**

<b>Sl. No.</b>	<b>Title</b>	<b>Investigators</b>	<b>Status</b>	<b>Expected Future Projection/outcome</b>	
a					
b					
c					
d					
e					

Place:

Name and Signature of the Head of Institution

Date: