

**Ministry of AYUSH  
Government of India**

**Notification to call applications for supporting AYUSH interventions related Research Studies on SARS-COV-2 Infection and COVID-19 disease under Extra Mural Research (EMR) Scheme.**

**Preamble:**

In view of the outbreak of COVID-19 disease, the Ministry of AYUSH intends to support short-term research proposals for evaluating the role and impact of AYUSH interventions/medicines in the prophylaxis and clinical management of SARS-CoV-2 infection and COVID-19 disease. The proposals are invited as per the following provisions.

**2. Eligibility Criteria:**

- a. Hospitals/Institutions involved in the management of COVID-19 cases.
- b. Applicant investigator/researcher should be involved in the quarantine and/or clinical management of COVID-19 cases.

**3. Conditions & Funding Pattern:**

Project proposals of maximum six months duration with IEC clearance will be considered for support up to Rs. 10.00 lakhs to meet the expenditure on engaging AYUSH clinician, technical manpower, laboratory investigations and related contingencies.

**4. Mode of Submission of Application:**

Application in prescribed format **addressed to Under Secretary (EMR), Ministry of AYUSH, New Delhi** (Appendix- I) along with summary of the research proposal (Appendix-II) and hospital/institution's bank account details (Appendix-III) shall be submitted in soft copy (in PDF or word file) on or before 1<sup>st</sup> May 2020 to the email ID – [emrayushcovid19@gmail.com](mailto:emrayushcovid19@gmail.com)

5. The last date for receipt of applications is 01/05/2020.

**Application Form**

To,  
Under Secretary (EMR)  
Ministry of AYUSH, New Delhi.

**1. Title of the Research Project:****2. Name, Designation and Professional Qualifications and address of-**

Principal investigator:                      Co-Investigator(s):                      AYUSH Associate::

**3. Details of the Institution submitting the research project**

Name:    Postal address:  
Telephone:                                      Fax:    E-mail:

**4. Duration of Research Project:****5. Brief concept of the project: (Not more than 200 words)****6. Whether IEC Clearance received, attach a copy. If not, indicate status and expected date.****7. Declaration and Endorsement:****Certified that:**

I/We have read the provisions, terms and conditions and other guidelines of Extra-mural Research Scheme of the Ministry of AYUSH and I/we shall abide by them and General Financial Rules of Govt. of India in availing the financial support and in submitting utilization certificate, expenditure statement and/or /unspent amount of the grant for the above-mentioned project proposal. Research data of the study will be shared with the Ministry of AYUSH and will not be published without permission.

**Name and Signature**

**a) Principal Investigator:**

**b) Co-Investigator(s):**

**c) Head of the Department:**

**Signature & Seal of the Head of the Hospital/ Institution**

**Place:**

**Date:**

**Summary of the Research Proposal**

[Adequate information must be furnished in brief but self-contained manner to enable the Ministry to assess the project proposal.]

1. Title of the Research Project:
2. Objectives:
3. Methodology:
4. Names of AYUSH Interventions/Medicines:
5. Anticipated Outcome(s):
6. Summary of the proposed research (**up to 150 words**) indicating overall aims of the research, importance of the objectives and their application in the context of the priority area set out in the application form.
6. Relevance and usefulness of the study with particular reference to concerned AYUSH system, in terms of -
  - a) IPR values
  - b) Translational Value
  - c) Utilization of outcomes of project

**Hospital/Institution Details**

<b>Name</b>	
<b>Type of Registration</b>	
<b>Registration No.</b>	
<b>Date of Registration (DD/MM/YYYYYY)</b>	
<b>Registering Authority</b>	
<b>State of Registration</b>	
<b>TIN/TAN No.</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>District</b>	
<b>Pin Code</b>	
<b>Contract Person</b>	
<b>Phone No.</b>	
<b>Email :</b>	
<b>Unique Agency Code</b>	
Unique Agency code is like short code of agency, it will accept only alphanumeric value no special character or space (e.g. if agency name is ABC limited than unique code will be ABCL or ABCLTD)	
<b>Bank Account Details</b>	
<b>Bank</b>	
<b>Branch</b>	
<b>Address</b>	
<b>Account No.</b>	
<b>IFSC No.</b>	
<b>RTGS Code of the Bank (Real Time Gross Settlement Code)</b>	
<b>MICR Code No.</b>	
<b>Account holder's name as per bank records</b>	