

# Nail Society of India (NSI) Thesis Research Grant-2021

## APPLICATION FORMAT

(Please complete ALL columns to enable fair evaluation by the NSI Thesis Research Grant Committee)

**Project title:**

### 1. Thesis Supervisor:

Name \_\_\_\_\_

Age \_\_\_\_\_

Degree \_\_\_\_\_

Speciality \_\_\_\_\_

NSI Life membership number \_\_\_\_\_

Affiliated institute/hospital \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Present professional activities \_\_\_\_\_

### 2. Post-graduate applicant:

Name \_\_\_\_\_

Age \_\_\_\_\_

Degree \_\_\_\_\_

Speciality \_\_\_\_\_

NSI Life membership number \_\_\_\_\_

Affiliated institute/hospital \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Present professional activities \_\_\_\_\_

**3. Place where the research will be conducted:**

**4. Previous Work (if any) done by the investigator on this subject (include a list of your significant publications in this regard)**

**Declaration by the Workers**

We, hereby, undertake to carry out this Research Project and submit projected expense details to NSI Thesis Research Grant Committee. We also declare that along with the final report, a report on how money was spent along with invoices of purchased materials will be enclosed. We will share the results in NSI Meetings including ONYCHOCON and will fully acknowledge the grant received from NSI in future publications arising from this work and submit a copy of the same to NSI. We will abide by all terms and conditions related to the grant that are in place or may be laid down in future. We understand that this is an academic grant and is not a sponsored study. We hereby declare that this Research Project is our original study plan and there are no conflicts of interest in regard to the subject of this project with any pharmaceutical company.

The Thesis Supervisor will be finally responsible and accountable for all aspects of the above project.

\_\_\_\_\_  
**Signature of Thesis Supervisor**

\_\_\_\_\_  
**Signature of Post-Graduate**

\_\_\_\_\_  
**Signature of the Head of the College/ Institution**

**Official seal**

**Date:**

**Place:**

## Protocol details

**Study Title:**

**Name of University:**

**Degree applied for:**

**Batch: 2021-2023/24**

**Post Graduate:**

**Signature:**

**Supervisor:**

**Signature:**

**Co-supervisor/s:**

**Signature/s:**

**Place of research:**

## **Study Details**

**Study title:**

**Rationale:**

**Aim:**

- **Primary Objective:**
- **Secondary Objectives:**

**Setting:**

**Study design:**

**Time frame:**

**Population/ participants:**

- **Inclusion criteria:**
- **Exclusion criteria:**

**Sample size:**

**Methods:**

**Outcome measures:**

- **Primary Outcome Measures**
- **Secondary Outcome Measures**

**Statistical analysis:**

**Expected outcome and its utility to Indian or global Nail research:**

**Links with other projects:**

**Budget requirements:** Provide details regarding what is the funding required for? Should include the item required, source of supply, need in the thesis and projected amount for the same.

**Is the infrastructure/ expertise required for the planned thesis is available in the setup?**

**Ethics committee approval:** (to be attached separately while submitting and if applied for, to be submitted within 6 months of approval of grant. Disbursement will be subjects to this)

**Has the study been registered with the Clinical Trials Registry-India?**

**Appendices (check list):**

- a. Membership certificates of Supervisor AND post graduate student
- b. Ethics committee approval
- c. CTRI Registration or submission acknowledgement
- d. Case record form
- e. Questionnaires and annexures
- f. Consent forms (in English and local language)
- g. Patient Information Sheet (in English and local language)