**SCRELC APPROVED PROJECT REPORT TEMPLATE (PERIODIC /FINAL)**

|  |  |
| --- | --- |
| Title of the Project |  |
| Name of Principal Investigator |  |
| Department |  |
| College |  |
| University Email |  |
| IRB Approval Number |  |
| IRB Approved Date |  |
| Type of Research: | □ Clinical trials □ Retrospective research □ Observations research □Questionnaire based research □Experimental research |
| Date of Beginning |  |
| Proposed Date of Finished work |  |
| Status of the Proposal: |  Final  Progress  not yet started |
| Periodic Report Number |  |
| If you have any unexpected harm during your Work Please specify with reason : |  |
| If not yet start the work please specifies the Reason: |  |
| If it progress please explain about the status of the work with report (*Approximate Percentage*  *of Finished work*) |  |
| Expecting date to complete |  |
| If you completed the work please  Write a report of the research proposal containing 150words with Introduction, Methodology, Result, and Discussion  \**Clinical research reports should submit all consent form Copy* | **Introduction:** (Background, scope of your work and objectives)  **Methods** (Study type, design and what important *variables* measured and how)  **Results** (Highlight the major findings and determine the significance)  **Conclusion:** (Highlights the major outcomes and implications)  - |
| Is any Difficulties | □ Yes □ No(If yes Please specify) |
| Is the work published | □ Yes □ No (If yes Please specify the detail |

I confirm that report contents follow guidelines of Scientific Research Ethics

**Principal Investigator Name**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of the Department Name**

Signature:

Date