

## **CALL FOR PROPOSALS UNDER DHR-CENTRAL SECTOR SCHEME OF MODEL RURAL HEALTH RESEARCH UNIT, SAGALEE, ARUNACHAL PRADESH**

### **About MRHRU**

Model Rural Health Research Unit (MRHRU) is one of the umbrella schemes established under the aegis of Department of Health Research (DHR), Ministry of Health & Family Welfare, Govt. of India. MRHRUs were set up with a focus on developing infrastructure for promotion of health research across the country. MRHRU-Arunachal Pradesh is one among the 38 MRHRUs in the country. MRHRU-Arunachal Pradesh is located at Sagalee and is mentored by Indian Council of Medical Research (ICMR)-Regional Medical Research Centre Northeast (RMRCNE), Dibrugarh. The MRHRU platform has the provision for undertaking research that is relevant and beneficial to the local health care needs. To support the research activities, proposals are being invited from interested persons on any issue of regional or national importance.

### **Criteria for project submission:**

1. Any regular faculty/scientist working in state government medical facilities, hospitals, rural public health training centres, research institutes, universities are eligible.
2. Research proposal can be descriptive, observational, epidemiological, qualitative studies, implementation research on communicable diseases, non-communicable diseases, maternal and child health, adolescent health, environmental and occupational health, emerging pathogens and any other domains that are primarily focused on rural health of Arunachal Pradesh.
3. Proposal should be submitted in the prescribed format duly forwarded by the head of the department/institute.
4. The project budget should not exceed 5 lakhs.
5. Duration of the project should be limited to 2 years or less.

### **Selection process**

The proposal will be reviewed by the DHR-MRHRU-Local Research Advisory Committee (LRAC) constituted by the mentor institute-ICMR-RMRCNE and DHR. Projects will be evaluated based on novelty, methodology, relevance, feasibility, appropriate budget with justification etc. Preference will be given to the suitability of the proposal focusing on local health issues and their implications on policy and practice/implementation research and clinical trials.

**Proposal format**

Full proposals with proper background, literature review, relevance to national and regional health priorities, detailed methodology, partnering units, budget with justifications are to be submitted in the attached format. The proposals are to be sent to [mrhrusagalee@gmail.com](mailto:mrhrusagalee@gmail.com).

**Last date of submission:** 18<sup>th</sup> March, 2026.

**For any further queries related to this call, you may contact:**

Dr. Dimpu Gogoi,

Scientist C & Nodal Officer,

MRHRU, Arunachal Pradesh

ICMR-RMRCNE, Dibrugarh, Assam

Email: [mrhrusagalee@gmail.com](mailto:mrhrusagalee@gmail.com) and [dimpu.gogoi@icmr.gov.in](mailto:dimpu.gogoi@icmr.gov.in)

**PROJECT PROPOSAL FORMAT**  
**APPLICATION FOR AD-HOC/INTRAMURAL RESEARCH PROJECT**  
**Section A**

**1. Title of the Research Project:**

**2. State the:**

2.1 Major area/ Discipline:

2.1 Sub-area / Discipline:

**3. Category of project (please tick):**

4.1. Clinical / Hospital based

4.2 Epidemiological / survey/population based

4.3 Basic Exploratory/ Mechanistic study (*in vitro/ in vivo*)

4.4 Leads generation

4.5 *de novo* study

4.6 Product development

4. In case of clinical/ humans based study, whether statistical calculation was made for sample size calculation or not –

**5. Name the person(s) who conceived and planned this project** (If any research student other than PI and Co-PI is involved in conceiving, planning or any stage of proposal formulation, kindly enlist his/her name. In case of violation of Intellectual Property Right, PI may be black listed or appropriate action may be taken):

**6. Name the person(s) who designed this project** (If any research student other than PI and Co-PI is involved in conceiving, planning or any stage of proposal formulation, kindly enlist his/her name. In case of violation of Intellectual Property Right, PI may be black listed or appropriate action may be taken):

**7. Name and Designation of:**

i) Principal Investigator with complete postal address, Mobile No., Telephone/Fax No. and Email:

ii) Co-Investigator(s) with complete postal address, Mobile No., Telephone/Fax No. and Email

iii) Statistician (Co-PI) with complete postal address, Mobile No., Telephone/Fax No. and Email  
(In case of clinical / humans based study):

**8. State the nature of Host Institute:** Central Govt./ State Govt./ Autonomous /NGO/Private

**9. Whether host institute is DSIR certified:** Yes/ No

(Please note DSIR certification is mandatory for NGO and Private Organizations)

**10. Duration of Research Project (in months):**

ii) Period which may be needed for collecting the data:

iii) Period that may be required for analyzing the data:

**11. Amount of grant-in-aid asked for (details are to be furnished in Section B)**

Sl. No.	Item Head	Cost (in Rs.)
1.	Recurring	
2.	Non recurring (equipment)	
3.	Honorarium for ASHA/ Health workers, etc. (if any)	
5.	Travel	
6.	Overhead charges	
<b>Grand Total</b>		

**12. Institution responsible for the research project**

- i) Name:
- ii) Postal address:
- iii) Telephone:
- iv) e- mail:
- v) Fax No.

**13. In case of Inter-sectoral research projects:**

- i. Name(s) of the Institution (s) / Agencies
- ii. Whether contributed financially
- iii. Amount / Budget contributed for this project

**14. Is radio tagged material proposed to be used in the project either for clinical trials or experimental purposes? If so, clearance from Nuclear Medicine Committee, Bhabha Atomic Research Centre, Mumbai, indicating should be attached.**

**15. Projects involving recombinant DNA/Genetic engineering work should be examined and certificate by the Institutional Biosafety Committee (IBSC) to be enclosed. Guidelines for constitution of IBSC can be obtained from Secretary, Department of Biotechnology, CGO Complex, Lodhi Road, NewDelhi-110003.**

**16. The Institution where the study is being done should ensure that there is no financial conflict of interest by the investigators.**

**17. Whether your institution (private / NGO) is registered with Department of Scientific and Industrial Research (DSIR), Government of India/ Department of Health Research (DHR) as a health research institute. If yes, certificate from DSIR/ DHR should be attached.**

**Title of Research Proposal:**

**DECLARATION AND ATTESTATION**

1. We have read the terms and conditions for DHR Research Grant. All necessary Institutional facilities and support will be provided if the research project is approved for financial assistance.
2. We agree to submit within one month from the date of termination of the project the final report and a list of articles, both expendable and nonexpendable, left on the closure of the project.
3. We agree to submit audited statement of accounts duly audited by the auditors as stipulated by the DHR.
4. It is further certified that the equipment(s) required for the project have not been purchased from the funds provided by DHR for another project(s) in the Institute.
5. We agree to submit all the raw data (along with descriptions) generated from the project to the DHR within one month from the date of completion/termination of the project. Further, all conditions stipulated in the sanction will be strictly complied with.
6. Actual Date of start of the project as indicated in the Sanction Order or inability to start the project on the specified date will be intimated to DHR positively within one week by registered post/ speed post as well as by email.
7. We hereby certify that the research proposal entitled “.....” was not submitted to even partially to any other funding agency for financial assistance.
8. In case of failure to comply with any of the above said provisions, DHR will have all rights to ban the concerned Principal Investigator(s)/ Institute(s) for future funding from DHR for any specified period.
9. We shall include an acknowledgement of DHR-MRHRU, Arunachal Pradesh grant support in the publication(s) resulting from the study.

**Signature of the:**

**(a) Principal Investigator:**

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

**(c) Co-Principal Investigator:**

Date:

Signature of Head of the Department/Institute

## **SECTION-B**

### **DETAILS OF THE RESEARCH PROJECT**

1. **Title of the project:**
  2. **Objectives:**
  3. **Summary of the proposed research indicating overall aims of the research and importance of the research proposal. Application of the work in the context of national priorities of medical research, if any, may also be mentioned (150 words).**
  4. **Present knowledge and relevant bibliography including full titles of articles relating to the project.**
  5. **Preliminary work already done by the Investigator on this problem, e.g. selection of subjects, standardization of methods, with results, if any.**
  6. **Expected Outcome.**
  7. **Links with other ICMR projects (ad-hoc, task force or collaborative):**
  8. **List of important publications of last 5 years of the all the investigators in the relevant fields (enclose reprints, if available):**
  9. **Detailed research plan:**
  10. **Facilities in terms of equipment, etc, available at the sponsoring institution for the proposed investigation.**
  11. **Budget requirements (with detailed break-up and full justification):**
    - (i) **Honorarium for ASHA/Health workers, etc. (if any):**
    - (ii) **Contingencies**
      - A) **Recurring:**
      - B) **Non-recurring (equipment):**
      - C) **Travel:**
    - (iii) **Overhead charges:**
- TOTAL BUDGET:**
- Justification of the Budget:**

**\*\*\*\***