

FORM "C"
BUDGET DETAILS FOR APPROVAL

Tentative Budget CRE NO: _____
(for official use)

Title of the Project:
Principal Investigator:
Department:

ITEMS	AMOUNT	ADDITIONAL BUDGET
1. Infrastructure (Furniture)		
2. Equipment (Specify)		
3. Equipments Maintenance Charges (Spares, Software etc.)		
4. Salaries (No. of staff X salary per month X Duration for each cadre)		
5. Investigation Charges (Specify in detail)		
6. Charges for Hospital Stay (No. of patients X Number of Days X tariff)		
7. Subject Compensation (Incl. Transport, Meals, etc) No. of Subjects X No. of Visits X Amount per head per visit		
8. Travel for PI & Staff (including presentations, Conferences)		

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9. Xerox, Stationary & Courier (Justify if more than Rs.1.00 Lakh/Year)		
10. Telephone & Fax (Justify if more than Rs. 1.00 Lakh/Year)		
11. Computer (No. X Cost)		
12. Computer Accessories (Including Printer, Cartridge etc.)		
13. Consumables (Specify Kits, Glassware, Chemical etc.)		
14. Miscellaneous (Not more than 10% of budget)		
15. Requirement of additional space in Sq.ft		
16. If (15) is yes, please specify the location		
17. If the Institute provides alternate space, will you be able to shift to the proposed area in future (or) accept alternate site in future.		
STUDY CONDUCT COST =		
18. Institutional Over Heads (i) Commercial Sponsored Clinical Trials -- 22 % (ii) Commercial Sponsored Projects funded by Government		

