

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 | | |

