PUSHPAGIRI RESEARCH CENTRE
We care God cures
Ph No: 0469 2700755, 0469 2731005
Email : prc@pushpagiri.in
Web : www.prc.pushpagiri.in
PRC SINCE 2010
DSIR Recognised, Approved PhD Centre of Kerala Univesity of Health Sciences (KUHS)
6th Floor, Mother & Child Block, Pushpagiri Medical College Campus, Tiruvalla 689 101

Pushpagiri Research Council

Mar Athanasios Research Endowment

Please note that the applications will be for the academic year starting from April 2024 to March 2025, and while applications are open throughout the year, they will only be considered only if applied on or before **30 April 2025**.

General Application Instructions:

- All applications must be submitted via the designated email address: researchcouncil@pushpagiri.in
- Applicants must be full-time faculty with a minimum of 3 years of continuous service at a Pushpagiri group of institution, unless otherwise specified
- Research must be conducted within Pushpagiri group of institutions
- All supporting documents should be attached with the application.

Annexure: I

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Category I: Publication

Application Form for Publication Recognition

- Applicant Details:
  - Full Name:
  - Department:
  - Institution:
  - Designation:
  - Years of continuous service in our institution:
  - Email:
  - Mobile Number:
- Publication Details:
  - Grade of publication applied for: Grade I Grade II Grade III
  - Title of Publication:
  - Journal Name / Book Name:
  - Publication Date:
  - Volume:
  - Issue:
  - Page Numbers:
  - DOI (Digital Object Identifier):
  - Journal indexing details.
  - ISBN number (for book/book chapter)

  - Is the applicant the first author? (Yes/No)
  - If no, then is the applicant the corresponding author? (Yes/No)
  - If the applicant is the corresponding author: justify in few words for consideration:

- Supporting Documents:
  - Copy of the published article attached (Yes/No)

Declaration:

- I certify that all the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature: Date:

Forwarded by Principal/Head of the Institution Date:

Annexure: 2

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Category II: Presentation in Conference (International & National)

Application Form for Conference Presentation Recognition

- Applicant Details:
  - Full Name:
  - Department:
  - Institution:
  - Designation:
  - Years of continuous service in our institution:
  - Email:
  - Mobile Number:

- Presentation Details:
  - Title of Presentation:
  - Type of Presentation (Poster/Paper):
  - Conference Name:
  - Conference Dates:
  - Conference Location:
  - Organizing Body (Scientific registered society/body)
  - Category & Grade Applied For: (Grade I or II)
  - Is the conference International or National?
  - If International, please specify the location (Asia, Europe or US)

- Supporting Documents:
  - Copy of the abstract/full paper presented.
  - Conference program or invitation.
  - Certificate of presentation.
  - Proof of travel grants to conference if applicable

- Declaration:
  - I certify that all the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature Date

Forwarded by Principal/Head of the Institution Date:

Annexure: 3

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Category III: Seed Funding

Application Form for Seed Funding

- Applicant Details:
  - Full Name (Faculty or Student):
  - Department:
  - Institution:
  - Designation (for faculty) / Year of Study (for student):
  - Years of continuous service (for faculty):
  - Email:
  - Mobile Number:

- Project Details:
  - Project Title:
  - Project Summary: Add annexure

  - Project Duration:
  - Detailed Budget (Kits, Reagents, Equipment etc.):
  - Category & Grade Applied For: (Grade I- Faculty or Grade II- Student)
  - If Grade II student application, is it for ICMR STS, KUHS Research award or independent projects

- Supporting Documents:
  - Project proposal.
  - Detailed budget justification.
  - For Students: Letter of recommendation from the Head of the Department/Principal

- Declaration:
  - I certify that all the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature Date

Forwarded by Principal/Head of the Institution Date:

Annexure: 4

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Category IV: Special Recognition

Application Form for Special Recognition

- Applicant Details:
  - Full Name:
  - Department:
  - Institution:
  - Designation:
  - Years of continuous service:
  - Email:
  - Mobile Number:

- Recognition Type: (Patent Approval, PhD Award, Best Researcher Award)
  - If Patent Approval, specify the patent number and date of approval.
  - If PhD Award, specify the date of award.
  - If Best Researcher Award, include a summary of research contributions.

- Supporting Documents:
  - Copy of Patent certificate, PhD award notification, or detailed research summary.

- Declaration:
  - I certify that all the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature Date

Forwarded by Principal/Head of the Institution Date:

Annexure: 5