

Endocrine Society of India

Declaration by the grant recipients for continuation of grant

1. Complete the form in full and send a signed original hard copy to - “Krishna G Seshadri, Honorary Secretary Endocrine Society of India 175 Brahmaputra Street Palaniappa Nagar Valasaravakkam Chennai
2. Send a soft copy as PDF to krishnagseshadri@gmail.com
3. Initial each page with date

1	Name of the project	
2	Category	Trainee / Adhoc
3	ESI Project ID#	
4	Name of the PI/ Trainee	
5	Institution	
6	Full address of institution	
7	Email	
8	Mobile number	
9	Guide / ESI member guaranteeing project	
10	Full mailing address	
11	Email	
12	Mobile number	
13	Sanctioned amount by ESI	
14	Total duration of project	
15	Start date of project	
16	Expected completion date	
17	Amount sanctioned in year 1	
18	Amount utilised	
19	Amount required for year 2	
21	Funds to be provided in favour of (institution only)	
22	Indicate other institutional identifying feature if required	
23	Name of Bank	
24	Branch	
25	Account number	

26	IFSC code	
27	If cheque preferred tick here	
28	Tax exempt status of institution (if exempt - attach tax exemption certificate)	Yes/ No
29	PAN number of Institution	
30	Declaration by trainee/ PI	
	By affixing my signature below	
	I hereby certify that	the project that I have submitted for a grant by the ESI has been duly approved by the institutional ethics committee
		the grant will be utilised for purpose provided only
		I will intimate to the secretary endocrine society any deviation in protocol or methodology
		I will provide an annual report to the secretary endocrine society that includes a description of the work done, work to be completed, abstracts or publications from the work and expenses that are certified by the institution's accountant. I understand that the next instalment of the grant will not be released without fulfilling the requirement
		I will provide a closure report that includes a description of the work done, work to be completed, abstracts or publications from the work and expenses that are certified by the institution's accountant when the study is completed
		I will be available for a presentation of my work and discussion with the research committee if required during the annual program of the society
		I will notify the secretary of endocrine society of India any significant change in the status of the project including premature termination of study change of guide or guarantor or institution
		I will furnish details as required by the society regarding the study in a timely manner and fully cooperate with any enquiry or other action authorised by the EC of the ESI as required
		there are no pending criminal proceedings against me
		I am not subject to any disciplinary action or under inquiry for such action by my institution or state medical council
		any publications that i am involved as an author have not be redacted or withdrawn
	I authorise the Endocrine Society of India	to communicate to the institution / ethics committee/ head of the department etc as may be needed to ascertain the veracity and progress of the study

	I indemnify the Endocrine Society of India	of any and all civil and criminal liabilities that arise out of this project
	I guarantee that	all the information and responses provided by me are the truth to the best of my knowledge
33	Name Date and Signature of trainee or PI	
34	Undertaking by Guide or ESI member who is part of the study	
	By affixing my signature below	
	I certify that	the information provided above is true to the best of my knowledge and I stand guarantee to the work that will be done based on the grant approved by the society
35	Name Date and Signature of Guide or Endocrine Society Member who is part of the study	
	ESI office use only	
36	Reviewed in ESI Office by	
37	Approved by	
	Attach the following documents	Summary of work done
		Financial statement of fund utilisation attested by financial officer of institution