



B. J. Medical College Development Society

B. J. Medical College & Civil Hospital, Ahmedabad – 380 016

Format for Annual Progress Report (20 Copies)

1. Title of the Project
2. Principal Investigator (name, designation, address, phone no., email)
3. Co-Investigator(s) (name, designation, address, phone no., email)
4. Name of the department
5. Date of commencement
6. Duration of work
7. Objectives and Aims of the proposal (Annexure I)
8. Methodology
9. Interim modification of objectives/methodology (with justifications)
10. Summary of the work done during the year including observations (Annexure II)
11. Scientific relevance and impact of the result on the patient and the community
12. Research work which remains to be done under the project during next year
13. Any publications.
14. Grant and Expenditure



B. J. Medical College Development Society

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Grant Sanctioned:

Grant Utilized:

Grant Required:

Whether the scheme is required:

Signature of the:

a) Principal Investigator _____

b) Co-Investigator(s) _____

c) Head of the Department _____

Signature of the Head of the Department with seal

Date:

Annexure I

1. Objectives and Aims of the project proposal:
2. Work to be done during the project tenure:

Annexure II

3. Summary of work done during current year:
4. Methodology used in detail:
5. Observations in detail:
6. Work to be done in next year:
7. Budget asked with break-up:

Date:

Signature of Principal Investigator

Designation :