



## **B. J. Medical College Development Society**

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

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### **Format For Final Report (20 Copies)**

1. Title of the Project:
2. Principal Investigator (name, designation, address, phone no., email)
3. Co-Investigators (name, designation, address, phone no., email)
4. Name of the Department
5. Date of commencement
6. Duration
7. Date of completion
8. Grant and Expenditure  
  
Grant Sanctioned (Year wise)  
  
Grant Utilized (Year wise)
9. Objectives as approved
10. Deviation made from original objectives if any, while implementing the project and reasons thereof.
11. Experimental work giving full details of experimental set up, methods adopted, data collected supported by necessary tables, charts, diagrams and photographs.



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12. Detailed analysis of results indicating contributions made towards increasing the state of knowledge in the subject.
  
13. Conclusions summarizing the achievements and indication of scope for future work.
  
14. Science & Technology benefits accrued:
  - i. List of research publications and presentation with complete details and inclusion of acknowledgement with grant support by BJMCDS:
  - ii. Authors, Title of paper, Name of Journal, Vol., page, year

Signature of the:

a) Principal Investigator \_\_\_\_\_

b) Co-Investigator(s) \_\_\_\_\_

c) Head of the Department \_\_\_\_\_

Signature of the Head of the Institution with seal

Date: