

Ref. ICMR-Call for Application: ICMR/BMI/EPMS/Call for Proposal/2023
 Title of the project: Skills Focussed Nutrition Education Interventions for school going Adolescents in Thrissur district -An Implementation Research
 Name of the PI: Dr Sandra Paulson
 Name of the Institute: Amala Institute of Medical sciences, Thrissur, Kerala

Declaration & Attestation

We hereby certify that:

- i. We have read the terms and conditions for ICMR Research Grant. All necessary Institutional facilities will be provided if the research project is approved for financial assistance.
- ii. The equipment(s) that is being requested as part of this project is/are not available in the Institute/Department /or these are available and are being used at full capacity (Strike off the inappropriate one)
- iii. The equipment(s) requested as part of this project have not been purchased earlier from the funds provided by ICMR for previous project(s) in the Institute.
- iv. No utilization certificate (UC)/ statement of expenditure (SoE) final report is pending for earlier ICMR project(s) under the PI and the final report(s) for earlier projects have been submitted.
- v. The project has not been submitted to any funding agency or institution other than the ICMR.
- vi. The PI does not have more than 5 (five) ICMR projects at present as a Principal Investigator.
- vii. We understand that ICMR shall only fund for the project positions, as enumerated in the criteria for engagement of Non-Institutional Project Human Resource Positions, purely on temporary contractual basis. ICMR has apprised us of this rule and we have carefully noted it.
- viii. The PI and Co-investigator(s) hereby submit the ICMR Declaration of Interest form in prescribed format.
- ix. The name of the Statutory Audit Authority of our Institute is as follows:

[Please attach a copy of the resolution if a private firm is engaged]

- x. Registration/Unique ID no. assigned by NITI Ayog, GoI (on DARPAN Portal) (applicable only for NGOs):
NA.....
- xi. CV of the investigator and Co-Investigators is/are attached in prescribed format.

Name	Signature	Date
a) Principal Investigator <u>Dr Sandra Paulson</u>	<u>[Signature]</u>	<u>09/03/2024</u>
b) Co-Investigator(s) <u>Dr. SRUTHI-MW</u>	<u>[Signature]</u>	<u>09/03/2024</u>
c) Head of the Department <u>[Signature]</u>	<u>[Signature]</u>	<u>9/3/2024</u>

Signature of the Head of the Institution with seal

Fr. Julious Arakkal CMI
 Director

Date:

