Indian Council of Medical Research (ICMR)

Deptartment of Health Research

(Ministry of Health and Family Welfare)

Investigator-Initiated Research Proposals

Proposal in Draft Stage

Proposal Id: Not Generated Yet
Proposal Title: Control of Dengue viral disease through community participation and source reduction activities in an urban area of Thrissur District– A Pilot Project.

Personal details of Principle Investigator (PI)	
Name of PI (IN BLOCK LETTERS), Designation, Email, Contact No., Gender, DOB, Date of Superannuation	DR STEFFI FRANCIS MALIAKEL, Assistant Professor, steffimaliakel@gmail.com,9539116548, Female, 28-10-1991, 28-10-2061
Nature of Employment	Permanent
Institute	Amala Institute of Medical Sciences , Private academic institutions with valid UGC/AICTE/PCI or NMC approved Medical colleges ,
Proposal Details PART-A	
Are you currently under regular employment in Medical Institutes, Research Institutes, Universities, Colleges, recognized Research & Development laboratories, Government and semi-government organizations, and NGOs?	Yes
Advertisement	Call for Investigator-Initiated Research Proposals for small extramural grants - 2024

Summary (up to 250 words): A structured summary should contain the following subheadings: Rationale/ gaps in existing knowledge, Novelty, Objectives, Methods, and Expected outcome.

Dengue is a fast emerging pandemic prone viral disease in many parts of the world.1 Of the 3.5 billion people around the world living in dengue endemic countries and at risk of contracting dengue fever, 1.3 billion live in dengue endemic areas in 10 countries of the SEA Region.2 The number of dengue cases reported to WHO in South East Asian(SEA) region has increased by 46% (from 451,442 to 658,301) from 2015 to 2019.2 The current situation of the high burden of dengue cases in the SEA region is coupled with the absence of effective treatment and lack of comprehensive sustainable vector control. 2 Kerala is the southernmost state of India with favorable temperature for Aedes mosquito. Vector control measures are the most important intervention for controlling the outbreak of dengue viral disease. Novelty - Objectives- Methods- Expected outcome-

Priority Area/Priority Area diseases	Communicable Diseases (bacterial,viral, fungal, parasitic) / Vector borne diseases (other than malaria)
Keywords Six keywords separated by comma which best describe your project may be provided.	Dengue, vector control, multi - sectoral, stakeholder involvement, community participation
Abbreviations Only standard abbreviations should be used in the text. List of abbreviations maximum of ten may be given as a list.	ASHA - Accredited social health activist AWW - anganwadi workers ICDS - Integrated Child Development Scheme BI - Breteau Index

Problem Statement (up to 500 words): State the currently available information to present the problem adequately.

Dengue is a fast emerging pandemic prone viral disease in many parts of the world.1Dengue virus is the most geographically widespread Arbovirus and is a major public health threat in the tropics and subtropics. Of the 3.5 billion people around the world living in dengue endemic countries and at risk of contracting dengue fever, 1.3 billion live in dengue endemic areas in 10 countries of the SEA Region.2 The number of dengue cases reported to WHO in South East Asian(SEA) region has increased by 46% (from 451,442 to 658,301) from 2015 to 2019.2 The current situation of the high burden of dengue cases in the SEA region is coupled with the absence of effective treatment, and lack of comprehensive sustainable vector control. 2

Rationale of the study (up to 250 words) Mention how the research question addresses the critical barrier(s) in scientific knowledge, technical capability, and/or programmatic/ clinical/lab practice and its relevance to local, national and international context with relevant bibliography.

Anti-larval operations causing the reduction or permanent elimination of mosquito breeding places or sites are defined as source reduction methods. Source reduction primarily aims to prevent development of aquatic stages of mosquito larvae by reducing breeding source.(3) These methods are environment friendly, economical in the long run with minimum maintenance and surveillance. On the other hand use of insecticides are becoming difficult due to development of resistance to these insecticides. The source reduction activities are further classified into elimination or reduction of breeding sites primarily involving engineering methods like filling, drainage, drains and by drainage in irrigation schemes. The environmental manipulations include changing the salt content of water, silting, flooding, fluctuating water levels etc. which are relatively difficult to implement. Throwing of disposable/used tea cups, glasses, buckets, tyres, utensils is a very common habit of the community particularly in residential urban settlements, irrespective of slums or organized localities. During monsoon and peri - monsoon months these small thrown away containers become enormous potential breeding sources for both Anopheles and Aedes vector mosquitoes. Open tanks, overhead and underground tanks unused wells in urban, peri-urban or semi-urban locality are also potential breeding source. Shortage of potable water to slums dwellers forced to store water in containers. Construction sites has high breeding potentials. Labourers engaged in construction activities were often from malaria and dengue endemic areas. High breeding potentials in construction sites with asymptomatic carriers of malaria parasites caused severe malaria outbreaks in New Delhi.(3) Concrete roof and terrace without proper drainage may lead to water collections, during monsoon months forming breeding sites. The above described breeding sources in urban, semi or peri urban areas are therefore considered for comprehensive source reduction by involving communities, residential welfare associations, various religious groups/organizations, schools, hospitals, gram panchayats, office building, local PWD or CPWD, Railways and municipal bodies/corporations.

Hypothesis/ Research question (up to 100 words) : Will Community participation, field workers training and involvement of multiple stakeholders for planning and implementation of source reduction activities reduce the Dengue disease burden in an urban area of Thrissur District.

Methodology

Include objective-wise work plan under the following sub-headings:

Study Objective No. 1

Study Objective : To assess the baseline knowledge, attitude and practice regarding Dengue disease and its vector source reduction activities.

Study Design : Cross sectional

Study Area : Community

Sample Size : The selected corporation consists of 55 divisions. Each division contain 250-300 households. 10% houses of each division will be surveyed with the help of field workers. i.e. 30 houses per division Sample size will be 30 x 55 i.e 1650 Sampling Technique - systematic random sampling - every 10th house will be surveyed / one house in each lane

Project Implementation Plan : 1. Constitution of a District Coordination Committee to coordinate source reduction activities. 2. Organization of District level workshop for obtaining suggestions from different authorities regarding the implementation plan. 3. Conduction of baseline survey to assess the knowedge and practice pertaining to Dengue vector control. District Coordination Committee– It will comprise of members from district vector control unit, Corporation Health Supervisor, representative from Collector's office, Ward Counsellors, District Malaria Officer, Junior Administrative medical officers, ASHA mentor, Anganwadi workers/ ICDS Supervisor, NGOs (eg.Kuriakose Elias Sevice society), Youth groups co- ordinator (eg. NSS co-ordinator), Community Medicine faculty and an Entomologist. ii. Executive body: Principal investigator NVBDCP program officer Public health expert Entomologist CDPO District Program manager District Corporation health supervisor. A pre- test survey will be conducted with the help of field workers to assess the awareness level of the population, larval indices and acute febrile illness cases. Vector breeding sources detected will be removed. iii. Preparatory activities: There are total of 290 field workers (ASHA and Anganwadi teachers) and a minimum of 50 other volunteers will be identified from the community and youth groups. TOTs will be conducted for them to train them for required field work. Incentives will be provided for the survey conducted. -Resource materials and teaching modules for the workshops will be prepared. -Development of GIS enabled application for recording field level data. -Health education videos and reels to be circulated via social media.

Design of Statistical analysis : Descriptive statistics. prevalence will be assessed in percentages

Study Objective No. 2

Study Objective : 2. To improve awareness regarding dengue and vector control methods among the stakeholders and implement source reduction with community participation

Study Design : Quasi experimental

Study Area : Community

Sample Size : Field workers and volunteers from the study area.The field workers consist of ASHA(155) workers and Anganawadi workers(135). along with them volunteers will be involved (50 - 100) total - 350 to 400

Project Implementation Plan : Awareness generation- a. Conduction of Training of trainers (TOT) sessions for volunteers and field workers. b. Awareness campaigns and risk communication for general population using various modalities of communications like social media platforms and mass media c. Behavioral change in the community towards adopting good vector control practices. II. Training of trainers: Workshops will be conducted for the volunteers and field workers in batches of 30-40. They will be equipped with knowledge of dengue, vector transmitting it and techniques of vector control. Source reduction methods and field survey techniques will be taught. They have to conduct health awareness sessions in their locality for which honorarium will be given. Training on data collection and entry will be conducted by the IT experts. III. Organization of heath awareness sessions at community level: The community awareness sessions will be organized and co-ordinated by the trained leaders themselves with technical and financial support from the project team. They will be paid a honorarium for the same. IV. Conduction of weekly source reduction drives : it will be done in all areas under the supervision of field supervisors.

Design of Statistical analysis : Intervention stage - no statistical analysis involved

Study Objective No. 3

Study Objective : To assess the outcome of source reduction activities and community participation in reducing the vector burden and dengue disease burden

Study Design : Cross- sectional

Study Area : Community

Sample Size : 10% of total population - 30 houses in each division -Sampling - systematic random sampling

Project Implementation Plan : Post – intervention survey: After conduction of health awareness sessions and source reduction in all the areas post test survey will be conducted. The district co-ordination committee meetings will be held at least once in 3 months and executive body meeting at least once a month to assess and guide the progress of the activities. Best block/ division to achieve good source reduction will be identified and felicitated in the District committee meetings. Multi - sectoral involvement will be given prime importance

Methodology

Include objective-wise work plan under the following sub-headings:

Design of Statistical analysis : Descriptive statistics, pre and post intervention differences will be checked using paired T test and Wilcoxans signed rank test, tests for association (chi square)

Expected outcome/ Deliverables aligned with research question (up to 100 words): 1. Increased field awareness - regarding Dengue, its transmission and prevention. Importance of source reduction. 2. Reduction in the Larval Indices (Breteau Index and House Index) 3. Reduction in the Dengue outbreaks

Immediate next steps following the end of the project(up to 100 words): Ensure continuity and sustainability of the activities. Scaling up the activities to other areas

Whether the study is going to generate new intellectual property: Yes.

Timelines with achievable targets	Download

Proposal Details (PART-B)

Preliminary work done by the PI including the source of funding (up to 250 words): A small scale project was rolled out within the campus premises when the Breateau index(BI) was found to be above 100. All sections of workers from the cleaning department till the doctors and management were given health education and involved in source reduction activities. Weekly source reduction drives were conducted under the leadership of the entomologist, involving the gardening, security and cleaning department. This multi - departmental involvement led to reduction of BI to less than 5. Campus was declared to be aedes mosquito free campus.

Skill and experience of the research team (Highlight only salient points (along with 5 relevant publications) that provides confidence to reviewers that team can implement the project with quality.) **:** Research team consists of well experienced and dedicated members. Team includes an entomologist who has conducted similar projects successfully.

Institutional Support/ Facilities: The Institution supports and promotes research. There is a Reasearch unit dedicated to helping and guiding faculties in research.

Laboratory facilities (in-vitro/ in-silico) Institutional resources such as instruments/ equipment and other physical resources available for use in the project proposed animal house etc.
The institution has a well established entomology lab that can support the implementation of the said project.

Conflict of Interest declaration (if any) Nil

Duration (in Months)	24 Months

Investigator Details

#	Name	Institute	Designation	Email	Contact No.	Role in Proposal
1	Dr Steffi Francis Maliakel	Amala Institute of Medical Sciences	Assistant Professor	steffimaliakel@gmail.com	9539116548	PI
2	Mr Mohamed Rafi M	Amala Institute of Medical Sciences	Entomologist	mohamedrafi920@gmail.com	9747913254	Co-PI
3	Dr Sruthi M V	Amala Institute of Medical Sciences	Associate Professor	sruhar086@gmail.com	9495966828	Co-PI
4	Prof Saju Cherumadathil	Amala Institute of Medical Sciences	Professor	drsajucr@gmail.com	9495315986	Co-PI

Documents consideration

#	Document Name	Is Applicable?	Uploaded Document	Remarks
1	Declaration & Attestation Form(duly signed by Head of Department/ Director)	Yes	View	Declaration
2	Additional supplementary information including figures tables flow diagrams etc can be shared as PDF	Yes	View	declaration

Proposed Budget Details

Institute	Budget Year	Manpower Budget (Rs.)	Contingency	Consumables	Equipment	Travel	Overhead	Total(Rs)
Amala Institute of Medical Sciences	1	2801000.00	25000.00	8985000.00	76000.00	500000.00	0	12387000
Amala Institute of Medical Sciences	2	0	0	0	0	0	0	0
Total in (Rs.):		**2801000**	**25000**	**8985000**	**76000**	**500000**	**0**	**12,387,000.00**

Budget Breakup Details (Staff/Manpower)

#	Budget Year	Institute	Designation	No. of Person(nos)	Require Month(nos)	Cost Per Person(Rs.)	Overhead(Rs.)	Total Cost(Rs.)
1	**Year: 1**	Amala Institute of Medical Sciences	Senior Project Assistant	1	3	30,600	0.00	91,800.00
Justification : For data analysis and writing the report								
2	**Year: 1**	Amala Institute of Medical Sciences	Office Helper	1	12	26,800	0.00	321,600.00
Justification : For office documentation, communication and administrative activities								
3	**Year: 1**	Amala Institute of Medical Sciences	Data Entry Operator	1	12	29,200	0.00	350,400.00
Justification : For field survey data entry and management								
4	**Year: 1**	Amala Institute of Medical Sciences	Project Technical Support - I	1	12	18,900	0.00	226,800.00
Justification : For field support and co-ordination								
5	**Year: 1**	Amala Institute of Medical Sciences	Project Technical Support - I	2	6	18,000	0.00	216,000.00
Justification :to assist the entomologist and in field work								
6	**Year: 1**	Amala Institute of Medical Sciences	Project Research Scientist - I (Medical)	1	8	67,000	0.00	536,000.00
Justification :for preparation of Training modules, overall co-ordination with the district health officers, liason officer, Resource person for TOTs, supervision of field activities								
7	**Year: 1**	Amala Institute of Medical Sciences	Project Research Scientist - I (Non Medical)	3	6	58,800	0.00	1,058,400.00
Justification : For the initial formation of District Co-ordination Cell, conduction of meetings, setting the protocols, involvement of multiple sectors, volunteers recruitment, TOTs								
Total Cost (Rs.) including overhead								**2,801,000.00**

Contingency budget breakup details

#	Budget Year	Institute	Overhead Charges (Rs.)	Total Cost(Rs.)
1	**Year: 1**	Amala Institute of Medical Sciences	0.00	25,000.00
Total Cost (Rs.) including overhead				**25,000.00**

Contingency budget breakup details

Contingency Name : Development of GIS enabled software - 15,000 Printing of questionnaires/ forms - 10,000

Justification :for smooth and effective roll out of the project and publishing the findings

Total Cost (Rs.) **25,000.00**
including overhead

Consumables Budget Breakup Details

#	Budget Year	Institute	Consumables Name	Overhead	Total Cost(Rs.)
1	**Year: 1**	Amala Institute of Medical Sciences	Training of ASHA Workers Anganawadi workers a) Training Module - Rs. 50,000 b) Refreshments - Rs. 10,000 c) TA/DA for field workers Rs 1,00,000 Organizing Community Awareness sessions to entire population at Thrissur Corporation Thrissur corporation – 55divisions 1 Division- 7000 Population (14 sessions(500 each) for covering 7000 population) Rs 10,000/ session x 14 x 55 will be Rs 77,00,000 Incentives to ASHA and anganwadi workers - Rs 50/house covered (including pre and post survey)- 50 x 300 houses x 55 divisions - Rs. 8,25,000 Organizing a district level workshop - Rs. 3,00,000	0.00	8,985,000.00

Justification : consumables, refreshments and other expenses of conducting district level workshop , incentives for ASHA/ AWW/Volunteers

Total Cost (Rs.) **8,985,000.00**
including overhead

Equipment Budget Breakup Details

#	Budget Year	Institute	Equipment Name	Equipment Model	Equipment Manufacturer	Equipment Type	Total Cost(Rs.)
1	**Year: 1**	Amala Institute of Medical Sciences	Tablet			Domestic	13,000.00

Justification : For data collection and GIS mapping of cases and vector breeding sites by needy ASHA/ AWW worker/volunteer

Mode of Proposed disposal :it will be returned to ICMR upon completion of project

2	**Year: 1**	Amala Institute of Medical Sciences	Laptop			Domestic	50,000.00

Justification : For GIS software development, data entry and other technical purposes

Mode of Proposed disposal :will be returned back to ICMR

3	**Year: 1**	Amala Institute of Medical Sciences	Tablet			Domestic	13,000.00

Justification : For data collection and GIS mapping of cases and vector breeding sites by needy ASHA/ AWW worker/volunteer

Mode of Proposed disposal :it will be returned to ICMR upon completion of project

Total (Rs.): **76,000.00**

Travel Justification

#	Year	Amount(Rs.)
1	**Year: 1**	500000.00

Justification : For coordinating District Committee meetings, Field survey, organising field level workshop

Total: **500,000.00**

Short resume PI/Co-PI

Name of PI/Co-Pi	DOB	Domain Expertise	Number of articles in Pub Med (Past 10 years)	h-index	Fellow of Academics	Role in Proposal
Prof Saju Cherumadathil	1962-10-23	Epidemiology, Public health	2	2	nil	Co-PI

Maximum of 10 primary research publications related to the proposal

Publication details in AMA style	Impact factor of journal	Author type (first, corresponding, coauthor)	Name of policy/programme/ protocol document or patent/commercialization of products where cited.
Soorya S, Menon VTK, Saju CR, Rafi M, Joshy V M. The knowledge, attitude and practices on mosquito borne diseases among people in a rural area in Thrissur. J Commun Dis 2020 52(4):66-69.	0	co-author	nil
Vaz C, Harikumar A, Mundodan JM, Rafi M, Saju CR. Mosquito density in rural Kerala: a study on the trend of Aedes larval indices over monsoon in a rural area of Thrissur district, India. Int J Community Med Public Health 20196:1-5	4.52	co-author	nil
VT Krishnadas Menon, Jerry Rachel, CR Saju, M Mohamed Rafi, Vidhu M Joshy. A study on mosquito density in rural Kerala before and after floods. International Journal of Community Medicine And Public Health 2019 6 (2), 659-663.	4.52	co-author	nil

Experience as Investigator

Title of the project	Role	Funding Agency	Amount of Funding	Reference of main publications
UNICEF project on timely achievement of targets related to MDGs	Co-PI	Unicef	193000.00	nil
UNICEF Project on HIV/AIDS Awareness among adolescence.	Co-PI	Unicef	251500.00	nil
UNICEF Project on “Facts for Life”,	Co-PI	Unicef	1197000.00	nil

Ongoing research projects (funded by ICMR)

Project Id	Title	Grant Amount	Start Date	End Date

Short resume PI/Co-PI

Name of PI/Co-Pi	DOB	Domain Expertise	Number of articles in Pub Med (Past 10 years)	h-index	Fellow of Academics	Role in Proposal
Dr Sruthi M V	1986-11-04	Epidemiology, Public health	1	2	nil	Co-PI

Maximum of 10 primary research publications related to the proposal

Publication details in AMA style	Impact factor of journal	Author type (first, corresponding, coauthor)	Name of policy/programme/ protocol document or patent/commercialization of products where cited.
The Role of Health Education on Larval Indices and Fever Cases from Rural Area of Thrissure District, Kerala: A Quasi Randamized Control Study. SR Teenu, MV Sruthi, CR Saju, MM Rafi Clinical Medicine And Health Research Journal 2 (2), 87-91	4.58	co-author	nil

Short resume PI/Co-PI

Experience as Investigator

Title of the project	Role	Funding Agency	Amount of Funding	Reference of main publications
Project on Barriers and facilitators of Non-communicable disease (NCD) prevention in Kerala	Co-PI	financially supported by Achutha Menon Centre for Health science studies Trivandrum.	50000.00	Jose NK, Sruthi MV, Rachel J, Jerome K, Vaz C, Saju CR. Barriers and facilitators of noncommunicable disease (NCD) prevention in Kerala: A qualitative study. J Family Med Prim Care. 2022 Jun11(6):3109-3114. doi: 10.4103/jfmpc.jfmpc147121. Epub 2022 Jun 30. PMID: 36119306 PMCID: PMC9480671.

Ongoing research projects (funded by ICMR)

Project Id	Title	Grant Amount	Start Date	End Date

Name of PI/Co-Pi	**DOB**	**Domain Expertise**	**Number of articles in Pub Med (Past 10 years)**	**h-index**	**Fellow of Academics**	**Role in Proposal**
Dr Steffi Francis Maliakel	1991-10-28	Epidemiology, Public health	1	1	nil	PI

Maximum of 10 primary research publications related to the proposal

Publication details in AMA style	Impact factor of journal	Author type (first, corresponding, coauthor)	Name of policy/programme/ protocol document or patent/commercialization of products where cited.
Muniswamy, S., Maliakel, S. F. (2021). A comparative study on the health problems and substance abuse among the tobacco farmers and non-tobacco farmers in hassan district, Karnataka. Indian Journal of Occupational and Environmental Medicine, 25(1), 33-38.	0.9	corresponding author	nil

Experience as Investigator

Title of the project	Role	Funding Agency	Amount of Funding	Reference of main publications
Early detection of oral cancer – detection of oral premalignant lesions.	Co-PI	Karnataka State Anti-tobacco cell	50000.00	Indian Journal of Cancer 58(Suppl 1):p S45-S70, December 2021.
Prevalence of Iodine deficinecy disorders in 6- 12 years school children in Hassan district	Co-PI	NIDCCP	100000.00	nil
Impact of Tobacco farming on health and livelihood of tobacco farmers	Co-PI	Karnataka State Anti-tobacco cell	50000.00	Indian journal of occupational and environmental medicine,2021, 25(1), 33–38. https://doi.org/10.4103/ijoem.IJOEM4120

Ongoing research projects (funded by ICMR)

Project Id	Title	Grant Amount	Start Date	End Date

Name of PI/Co-Pi	**DOB**	**Domain Expertise**	**Number of articles in Pub Med (Past 10 years)**	**h-index**	**Fellow of Academics**	**Role in Proposal**
Mr Mohamed Rafi M	1971-05-24	Entomologist	0	2	entomologist	Co-PI

Short resume PI/Co-PI

Maximum of 10 primary research publications related to the proposal

Publication details in AMA style	Impact factor of journal	Author type (first, corresponding, coauthor)	Name of policy/programme/ protocol document or patent/commercialization of products where cited.
Mosquito density in rural Kerala: a study on the trend of Aedes larval indices over monsoon in a rural area of Thrissur district, India. C Vaz, A Harikumar, JM Mundodan, M Rafi, CR Saju	0	co-author	nil
A Study on Larval Indices of Aedes and Risk for Dengue Outbreak in a Rural Area of Thrissur District, Kerala. AS Paul, J Vincent, CR Saju, MM Rafi Journal of Communicable Diseases (EISSN: 2581-351X P-ISSN: 0019-5138) 52	0	co-author	nil
Kerline P Jerome, Jenyz M Mundodan, Mohammed Rafi and C R Saju. Impending Dengue outbreak: an assessment on mosquito density, diversity and awareness. International Journal of mosquito research. 2019 6(6):22-25.	5.29	co-author	nil
Anna SP, Vincent J, Saju CR, Rafi MM. A Study on larval indices of dengue and risk of Dengue outbreak in a rural area of Thrissur district, Kerala. J Commun Dis. 2020 52(1):1-6.	0	co-author	nil
Vaz C, Harikumar A, Mundodan JM, Rafi M, Saju CR. Mosquito density in rural Kerala: a study on the trend of Aedes larval indices over monsoon in a rural area of Thrissur district, India. Int J Community Med Public Health 20196:1-5	4.52	co-author	nil
VT Krishnadas Menon, Jerry Rachel, CR Saju, M Mohamed Rafi, Vidhu M Joshy. A study on mosquito density in rural Kerala before and after floods. International Journal of Community Medicine And Public Health 2019 6 (2), 659-663.	4.52	co-author	nil
Rafi M., M., Vincent, J., C. R., S., Johny V., F. (2023). Trend of mosquito larval indices over a year in a rural area of Thrissur district, Kerala. International Journal Of Community Medicine And Public Health, 10(5), 1856–1860. https://doi.org/10.18203/2394-6040.ijcmph20231286	4.52	First	nil

Experience as Investigator

Title of the project	Role	Funding Agency	Amount of Funding	Reference of main publications

Ongoing research projects (funded by ICMR)

Project Id	Title	Grant Amount	Start Date	End Date

Declaration

☑ Please check the checkbox I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my project/proposal shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

☑ I hereby certify that the research proposal I have submitted to ICMR, New Delhi, for potential funding is entirely my original idea and has not been copied or replicated from any other source. Furthermore, I confirm that this proposal has undergone scrutiny using a standard plagiarism detection tool, verifying its originality and confirming that its contents have not been directly taken from any other sources. Additionally, I declare that there have been no established or pending plagiarism charges against me in the last five years.
In the event that the funding agency identifies any form of plagiarism or inconsistencies in the aforementioned proposal, I acknowledge and agree to comply with any actions deemed necessary by ICMR. I take full responsibility for any such discrepancies and will adhere to the consequences as required.

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