APPLICATION FOR ACE-K RESEARCH GRANT-2025

ANNEXURE I: GENERAL INFORMATIOM

	1. Name and address of the student / faculty/ clinician : (Including Tel.No, Fax, Email, etc.)		
	2. ACE-K Membership Number:		
	3. Name and address of the HOD * (Including Tel.No., Fax, Email, etc.)		
	4. Specific area: Dental materials/ Conservative dentistry/ Endodontics		
	5. Project title:		
	6. Duration of the study:		
	7. Project summary (not more than 250 words):		
	8. Preliminary work done so far (only relevant to this project, not more than 150 words)		
	* - in case of students' application only		
All duly filled in application form should reach the mail box of ACE-K on or before midnight of 2			

July 2025. (kace09012019@gmail.com) Only Soft copy or scanned documents. No hard copies.

Annexure II (DETAILS ABOUT THE PROJECT)

1.	Introduction (not more than 2 pages):
2.	Specific objectives (methods to be followed for achieving the specific objective):
3.	Literature review (not more than 2 pages):
4.	Work plan (flowchart for methodology):
5.	Timelines:
6.	Where methodology will take place:
7.	References:

ANNEXURE III(Budget Details with justification)

Should cover the following heads-

- Equipment
- Consumables
- Contingency which include stationary, printing charges etc
- Any other

ANNEXURE - IV

I, Dr_	, the investigator in the project entitled				
will as	 ssume full responsibility for implementing the project. The research work proposed in this scheme, does not in any way duplicate the work already done or being carried out elsewhere on the subject. In case the applicant is not available for any reason to continue the work on the project 				
	 and/or animal material, should Incomplete application and applie The date of work starts from the the Head office, ACE-K. 	ly oriented or projects, which involve experiments with human uld be examined and certified by Institutional Ethics Committee. pplication lacking scientific/technical details will not be considered. the date on which the applicant receives the bank cheque from Financial interest — ACE-K has to be acknowledged.			
	Signature of Applicant	Signature of HOD (if applicable)	Signature of Head of Institution (if applicable)		
	Seal of Institute/ Clinic				