

**INDIAN ORTHOPAEDIC ASSOCIATION
Orthopaedic Research Foundation
RESEARCH AWARD GUIDELINES**

Written Application and all supplementary materials must be received by Indian Orthopaedic Association by July 31st.

Applicant must be an IOA member.

Two letters of reference are required. Reference letters should provide comments on applicant's abilities as an investigator and clinician-scientist.

Notification of Award : The IOA ORF will notify the recipient once the review process is complete.

An application submission does not **guarantee funding**.

Correspondence : Completed application should be directed to : IOA House,
69, Tublakabad Institutional Area,
Behind Batra Hospital, M.B. Road,
New Delhi - 62
Ph : +91-11-29961434
Website : <http://www.ioaindia.org>

Deadline - JULY 31.	
INDIAN ORTHOPAEDIC ASSOCIATION Orthopaedic Research Foundation	APPLICATION
1. Personal Information	
1a. NAME : (Last, First, Middle)	1b. DEGREES :
1c. POSITION TITLE	1d. ADDRESS (Street, City, State, Zip)
1e. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT	
1f. UNIVERSITY/INSTITUTE	

1g. TELEPHONE AND FAX (Area code, number, extension) Tel. : Fax	1h. E-MAIL (REQUIRED) :	
1i. APPLICANT ASSURANCE : <i>I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statement or claims may subject me to administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress report if a grant is awarded as a result of his application.</i>	SIGNATURE OF APPLICANT NAMED IN 1a :	Date :
<p align="center">2. ABSTRACT OF THE PROJECT</p>		
<p>Applicant must provide an abstract of about 200 words for the project with district headings i.e. TITLE, AIMS, METHODOLOGY, BUDGET.</p>		
<p align="center">3. COMPLETE RESEARCH SCHEME</p>		
<p>full research project with introduction, aims and objectives, methodology, statistics to be used, information sheet as required for patients, consent form, ethical justification, list of references in vancouver style.</p>		
<p align="center">4. BUDGET REQUIREMENTS</p>		
4a. ACCOUNT DETAILS Name	4b. ADDRESS (Street, City, State, Zip)	
4c. PHONE	4d. E-MAIL (REQUIRED)	

FAX	
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4. REFERENCES

The research award requires that the applicant supply two letters of reerence. Please list the names and addresses of the two references (senior IOA members), who will send the letters of reference.

5a) Name	
Title	
Address	
City, State, PIN	
E-mail	

5b) Name	
Title	
Address	
City, State, PIN	
E-mail	