



# KGF JUNIOR RESEARCH FELLOWSHIP (KJRF)

Kalinga Gastroenterology Foundation

Beam Diagnostic Centre (First Floor), Shanti Nagar, B.K. Road, Cuttack 753 001

Ph. 0671-2323624, E-mail : kal\_gas\_foundation@hotmail.com, Website : www.kgf.ind.in

Kalinga Gastroenterology Foundation (KGF) was born in 1995 to improve health care services, disseminate knowledge and create public awareness in the field of Gastroenterology.

## Application form for the Award of KRF

### 1. Details of the Applicant

Name in Block Letters :  
Age : ..... in years D.O.B. ....  
Sex : Male / Female  
Class - MBBS :  
Address for Correspondence :  
  
Permanent Address :  
  
City with pin-code :  
Phone (Res./Off./Mob.) :  
E-mail :

### II. (a) Details of the guide

Name in Block Letter :  
Designation :  
Address of Correspondence :  
  
City with pin code :  
Phone (Res./Off./Mob.) :  
E-mail :

### (b) Have you previously guided any student? Please provide details :

Sl.No.	Name of the student	Year	Title of the Project	Report submitted
				Yes No.

### III. (a) Title of the Proposed Research Project

(The project should be related to Digestive Diseases)

### (b) Details of the proposal

(i) Objectives, Methodology & Techniques,  
Implications of the study : Details to be given in a separate sheets  
(ii) Type of study : Clinical/Laboratory/epidemiological/Basic  
Sciences/any other specify.

(c) **Is the proposal part of any Ongoing research/or extension of any completed research/part of thesis of any MD/Ph.D student?** Yes / No  
 If Yes, details of ongoing research may be provided.

IV. Enclosures : Yes No (provide reason)

1. Proposal
2. Institutional Ethics Committee (Approval/Animal Ethics Committee Approval (copy))
3. Informed consent form (copy)

V. Academic Record of the student

Exam. School/College/University	Year	% of marks	Division	Awards
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Class X

Class XII

Graduation onwards

### UNDERTAKING

I certify that the above information provided by me are true to the best to my knowledge. I am submitting only one application/proposal for consideration for fellowship. In the event any information is found to be false my fellowship may be rejected. I will intimate a monthly progress report of my work and at the end I will submit the project report to KGF which will be sole property of KGF. In case I plan to publish the project report in a recognise journal I will obtain written permission of KGF

Date :

**(Signature of Student)**

### CONSENT OF THE GUIDE

I/we agree to accept the applicant Mr/Ms..... and offer him/her all facilities and guidance for carrying out research. He/she is presently working as \_\_\_\_\_. I/we understand that the work has to be completed at the earliest and report to be submitted to the KGF. I/we am/are forwarding only one student application as guide for the Fellowship programme for consideration.

**Signature of Co-Guide (if any)**

**Signature of Guide**

Name :

Name :

Designation :

Designation :

Address :

Address :

**APPROVAL BY THE HOD / DEAN / HEAD OF THE INSTITUTE**

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Date :

**Signature of Head of Department/  
 Dean / Head of Institution**



# KGF SENIOR RESEARCH FELLOWSHIP (KSRF)

## Kalinga Gastroenterology Foundation

Beam Diagnostic Centre (First Floor), Shanti Nagar, B.K. Road, Cuttack 753 001

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**Kalinga Gastroenterology Foundation (KGF) was born in 1995 to improve health care services, disseminate knowledge and create public awareness in the field of Gastroenterology.**

### Application form for the Award of Fellowship

#### 1. Details of the Applicant

Name in Block Letters :  
Age : ..... in years D.O.B. ....  
Sex : Male / Female  
Address for Correspondence :  
City with pin-code :  
Phone (Res./Off./Mob.) :  
E-mail :

#### II. (a) Details of the guide

Name in Block Letter :  
Designation :  
Address of Correspondence :  
City with pin code :  
Phone (Res./Off./Mob.) :  
E-mail :

#### (b) Have you previously guided any student? Please provide details :

Sl.No.	Name of the student	Year	Title of the Project	Report submitted	
				Yes	No.

#### III. (a) Title of the Proposed Research Project

(The project should be related to Digestive Diseases)

#### (b) Details of the proposal

(i) Objectives, Methodology & Techniques,  
Implications of the study : Details to be given in a separate sheets  
(ii) Type of study : Clinical/Laboratory/epidemiological/Basic  
Sciences/any other specify.

#### (c) Is the proposal part of any Ongoing research/or extension of any completed research/part of thesis of any MD/Ph.D student?

Yes / No

If Yes, details of ongoing research may be provided.

IV. Enclosures : Yes No (provide reason

1. Proposal
2. Institutional Ethics Committee (Approval/Animal Ethics Committee Approval (copy)
3. Informed consent form (copy)

V. Academic Record of the student

Exam. School/College/University	Year	% of marks	Division	Awards
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Class X

Class XII

Graduation

Post-Graduation onwards

### UNDERTAKING

I certify that the above information provided by me are true to the best to my knowledge. I am submitting only one application/proposal for consideration for fellowship. In the event any information is found to be false my fellowship may be rejected. I will intimate a monthly progress report of my work and at the end I will submit the project report to KGF which will be sole property of KGF. In case I plan to publish the project report in a recognise journal I will obtain written permission of KGF.

Date :

(Signature of Student)

### CONSENT OF THE GUIDE

I/we agree to accept the applicant Mr/Ms..... and offer him/her all facilities and guidance for carrying out research. He/she is presently working as \_\_\_\_\_. I/we understand that the work has to be completed at the earliest and report to be submitted to the KGF. I/we am/are forwarding only one student application as guide for the Fellowship programme for consideration.

**Signature of Co-Guide (if any)**

**Signature of Guide**

Name :

Name :

Designation :

Designation :

Address :

Address :

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**APPROVAL BY THE HOD / DEAN / HEAD OF THE INSTITUTE**

Date :

**Signature of Head of Department/  
Dean / Head of Institution**