

Appendix - 5

Budget and Funding Source Declaration

Below is a Budget and Funding Source Declaration template that can be provided to researchers submitting their proposals to the Institutional Ethics Committee (IEC) of the East Delhi Physicians Association (EDPA). This structured format ensures the financial transparency and accountability required for ethical and scientific reviews.

Budget and Funding Source Declaration

1. Title of the Study

Provide the full title of the research proposal.

2. Principal Investigator Details

- Name: [Enter Name]
- Institution/Organization: [Enter Institution Name]
- Contact Information: [Email and Phone Number]

3. Study Budget Overview

Provide a detailed breakdown of the anticipated costs for the study.

Budget Item	Estimated Cost (INR)	Remarks/Justifications
Personnel/Staff Salaries	[Enter Amount]	[E.g., Research assistants, coordinators]
Equipment and Supplies	[Enter Amount]	[E.g., Lab equipment, study materials]
Participant Compensation	[Enter Amount]	[E.g., Travel reimbursement, honoraria]
Data Management and Analysis	Enter Amount]	[E.g., Statistical software costs]
Administrative Expenses	[Enter Amount]	E.g., Printing, office supplies
Miscellaneous/Other Costs	Enter Amount	[E.g., Contingency funds]

Total Estimated Budget: INR [Total Amount]

4. Source(s) of Funding

Provide details of the funding source(s):

Funding Agency/Sponsor	Type of Funding	Amount Allocated (INR)	Remarks
[Agency/Sponsor Name]	[Grant/Institutional/Private]	Enter Amount]	Relevant Notes

5. Financial Disclosure

Provide a declaration of any potential financial conflicts of interest:

- Does the funding agency/sponsor have any influence on the study design, analysis, or publication of results? [Yes/No]
- If yes, provide details: [Enter Details]

6. Certification by Principal Investigator

I, [Principal Investigator's Name], certify that the above budget details and funding source information are accurate and complete. I confirm that the funds allocated will be used solely for the approved research purposes.

Signature of Principal Investigator: _____

Date: _____