**REOI 3: User Guide**

**Basic Information**

* Name of The Organization

--Select--

Select the organization name from the select box.

* Type of The Organization

--Select--

Type from the select box.

Title of Proposal

* Title of Proposal

Write the brief name of proposal which is not exceeding 250 characters.

Select Month

Select Year

* Proposal Duration

Select the duration of the proposal.

--Select--

* Relevant Category

Field Sites | Hospital Sites

|  |
| --- |
|  |

* Budget (Rs. In Lakhs) :

#### Step 2: Principal Key Investigator Details

--Select--

#### Principal Key Investigator Details

####  Title

#### First Name Last Name

DD-MM-YYYY

#### Designation DOB

#### Gender Male Female Highest Qua.

#### Email

#### Address1 Address2

#### Street/Village City/Town

#### Pin/Zip Code

#### State Country

--Select--

--Select--

#### Landline

#### Mobile

Browse

#### Please Upload Resume in Prescribed Format

#### Note: Please download to fill the details and signed copy to be uploaded in PDF format.

#### Please Upload Organization Authorisation Letter in Prescribed Format (from Director/Dean/HoD) in case of institute

Browse

#### Note: Please download to fill the details and signed copy to be uploaded in PDF format.

#### \* Fill all the mandatory details for Primary key investigator details.

#### If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

#### Save your form.

Cancel

#### Cancel your form.

#### Step 3: Partnerships (if any)

--Select--

#### Partnership Details

#### Title

#### First Name Last Name

DD-MM-YYYY

#### Designation DOB

#### Gender Male Female Highest Qua.

#### Email

#### Address1 Address2

#### Street/Village City/Town

#### Pin/Zip Code

#### State Country

--Select--

--Select--

Step 3: Applicant Team Members

#### Applicant Team Members

####

Close

Add New

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Name | Designation | Email | Landline | Mobile | Resume | Edit |
| 1 | Test User | Officer | ris@gmail.com | 011-24389600 | 9999999999 | View File | Edit |

####

The table data automatically added when you fill the form, which is appeared when you clicked on “Add New” button.

#### Key Investigator Details

#### Title

--Select--

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### Resume in Prescribed Format (Click for the prescribed format)

#### Fill all the mandatory fields accordingly.

If you don’t want to save this form now. You save it next time with modification.

Save

Save as Draft

 Save your form.

Close

 Close the form.

**Step 4. Proposal Summary REOI 3**

1.. Goal/Aim of the Proposal



2.. Describe the site, geographical location and nature of site (1500 words)

(optional upload link to be given)



3 Details of last Vaccine candidate trial or COVID Vaccine Trial

and current activities being conducted at site (500 words)

(optional upload link to be given)



4. Areas that need strengthening at site (250 words)

(optional upload link to be given)



\*5. Existing Systems and Processes relevant to conduct a clinical trial (500 words)

(Upload link to be given)



6. Has the site been inspected/audited by DCGI or Industry sponsor. Provide details (250 words)



7. Strategy to enrol and follow up healthy subjects in vaccine trials (500 words)



8. Declaration from the Head of the institution ensuring to provide adequate support for fulfilment of proposed objectives

(upload link to be given)



**Step 5: Regulatory Details**

**Regulatory Details**

**DCGI Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse DCGI Approval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**RCGM & GEAC Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse RCGMApproval related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**National Biodiversity Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Pollution Control Board Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Any other Approval** Yes No

If you click on “Yes” the following field are appeared.

Browse

Upload

Browse related file. Make sure it is in PDF format.

Details (if not applicable, fill NA)

**Step 6: Proposal Objective and Timelines**

#### PROPOSAL OBJECTIVES & WORK PLAN

\* Please indicate overlap of any objective funded by any other funding agency/ (ies). Kindly provide disclosure amendments.

\* Indicate how each objective is exempted for Service Tax, in case exemption is desired.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective**  | **Methodology/Experimental Design Detailed Work Plan**  | **Alternate Strategies**  | **Process Indicator for Measuring Success** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Step 7: Objective Wise Activities & Timelines *(If there is no information available in activities, then kindly put NA (Not Applicable) in the boxes given***

***below***

##### **Objective 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select** | **Activities to be undertaken by the company to achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** |
|  |  | 0 |  |  |

|  |
| --- |
| **Please enter 1st Milestone under 2nd Objective :** |
| **S. No** | **Milestone** | **Month of Start of Activity** | **Month of End of** **Activity** |
| 1. |  | 0 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be undertaken by the company to achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  |  |  |  |  |

##### **Objective: Test objective 2**

|  |
| --- |
| **Please enter 2nd Milestone under 2nd Objective :** |
| **S. No** | **Milestone** | **Month of Start of Activity** | **Month of End of Activity** |
| 2. |  |  |  |

##### **Objective: Test objective 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be undertaken by the company to achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  |  |  |  |  |

|  |
| --- |
| **Please enter 3rd Milestone under 3rd Objective :** |
| **S. No** | **Milestone** | **Month of Start of Activity** | **Month of End of Activity** |
| 3. |  |  |  |

**Step 8: Budget Details**

**Step 9: Additional Information (Please upload) Mandatory**

* **Financial documents**
* **Legal documents**

**Step 10: Final Submission**

#### Final Submit