



Tehran University of Medical Sciences
International Campus (TUMS-IC)
Office of the Deputy for Research Affairs

Research Project Proposal Form

Title:

Full Name of the Project Manager(s):

School/Research Center:

Type of Research:

☐

Basic

☐

Clinical

☐

Epidemiological



Project Description

1- Research Title:

Project Manager: _____

School/Research Center : _____

Research Location: _____

Department: _____

Expected Duration: _____

2- Rationale and Backgrounds:

3- Research Questions and Hypothesis:

4- Research Goals and Objectives:



5- Research Design and Method:

Information about the Project Manager(s)

1- Full Name:

2- Academic Rank:

3- Current Position and work location:

4- Work Phone Number:

5- Work Address:

6- e-mail Address:

7- Contact Number in case of emergency:

6- If you have an executive position in/out of TUMS, complete the following table:

Position Title	Work Address	When did you start this job?	Work Phone Number

7- List all the academic degree(s)/certificate(s) you have received after your undergraduate degree(s):

Academic Degrees/certificates	Major/Specialty	Which University/School did you receive it?	Country	Which year did you receive it?



8- Have you ever taken any research method courses? (if yes, complete the following table):

Course Level	Where did you take this course?	When did you take this course?

9- Discribe your research background.(Research Projects you were and are currently involved in):

Research Project Title	Location	Duration	Status/progrss	Type of Involvement

10- Research Project Partners:

1	Full Name	Position	Academic Rank	Type of Involvement	Partner's Signature
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					



11- - References:

12- Data Collection Method & Instrument- Data Analysis:

13- Sampling Method:



14- Ethics:

15- Safety Considerations:



16- Variables Table:

	Variable	Definition	Quantitative		Qualitative		Variable		Measurement Method	Scale
			Ordinal	Nominal	Discrete	Continuous	Independent	Dependent		
1										
2										
3										
4										
5										



6										
7										
8										
9										
10										
11										
12										



17- Estimated total time to complete the research (in month):

18- Research Timeline Table :

Prepare a list of the activities planned for the research proposed. Mark with X the appropriate cells to reflect the time (each cell represent one month) and duration of each activity. An example of activities is provided in the first three rows.

	Activities	Duration of the activity																											
	Example Activity 1				X	X	X	X	X	X	X	X																	
	Example Activity 2							X	X	X	X	X	X	X															
	Example Activity 3									X	X	X	X	X	X	X	X	X	X	X	X	X							
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
10																													
11																													
12																													
13																													



19- Budget Details: (in Rial)

Cost	Year 1	Year 2	Year 3
Research Personnel Salaries (Number of Personnel:_____)			
Supplies (expendable items, reagents, Stationary, Glassware etc)			
Equipment (non expendable)			
Animals			
Patient Costs			
Travel			
Visiting Experts			
Lab Test Costs			
Special Services needed from other institutes/centers,...			
Library/books			
Training			
Communication (phone, web etc)			
Other Expenditures(Specify): 1- 2- 3- 4- 5- 6- 7-			
Grand Total:			

Important Note:

- The maximum funding which may be assigned to **M.Sc.** theses is **25,000,000 Rials**.
- The maximum funding which may be assigned to **PhD** theses is **75,000,000 Rials**.

20- Are you going to receive any financial assistance/budget from other sources for this research? (if yes, specify from where and how much)



21- This research is a :

TUMS Research Project ☐

Joint Research Project ☐ (Your Research Partner:_____)

Student Thesis ☐

Project Manager(s) Affirmation:

Full Name:

Signature

Date

1-

2-

3-