

Mahatma Gandhi Mission's

Medical College & Hospital

N-6 CIDCO, Aurangabad - 431 003. Maharashtra

Tel.: 2040-6482000 Email: mgmmca@themgmgroup.com Website: www.mgmmcha.org

MGM/MCA/2021

Date: 20, Aug 2021

Seed Money Approval Letter

To,

Dr Suruchi Arya
Dept. of Ophthalmology,
MGM Medical College, Aurangabad.

Reference: Your application letter dated 20th August 2021 for seed money.

Sub: Approval letter of Seed Money for research study/Project.

Dear Dr Suruchi Arya,

We have reviewed your research project entitled, "Microbiological profile of patient with infectious keratitis attending ophthalmology OPD in a tertiary care Hospital in Aurangabad, Maharashtra". Looking at the objectives of the study and its usefulness, we have sanctioned the investigation of 35 samples costing Rs. 68,950/-.

After processing of the sample, you have to present the results / progress of the study along with utilisation report before Scientific Committee & submit the final report of expenditure to the In-charge Research Cell.



Dr Rajendra Bohra Dean

MGM Medical College & Hospital, Aurangabad

Copy to:

Research Cell

IT Department to create domain for study in software with prefilled Investigation in domain.

Registration Department for implementation and maintaining the record.





MGM MEDICAL COLLEGE, AURANGABAD

Seed Money for Research

Application for seed money (grants) for Research Project

To Research Cell MGM Medical College, Aurangabad

Dati - 20-08-2021

Reference: Research study entitled as "Microbiological profile of patients with infectious keratitis attending ophthalmology OPD in a tertiary care hospital in Aurangabad, Maharashtra".

Protocol Number: "ECRHS/2019/95".

Subject: Application for seed money (concession in investigations) for research project Respected Sir/Madam

With reference to above subject herewith submitting an application for grant of seed money (concession in Patients investigations) along with Approval Letter of Scientific committee & Ethics Committee.

Investigations details are as follows:

Sr. No.	Name of investigation	Sample Size (A)	Cost of each investigation (B)	No. of times the investigation is done on each patient (C)	Total cost of Investigations (A × B × C)
1	Gram Stain	35	200	One time	7000
2	10% KOH mount	35	90	One time	3150
3	Routine culture	35	830	One time	29050
4	Fungal culture	35	850	One time	29750

Submitted for sanction and approval.

Sign & name of Applicant Sign & name of Applicant

Sign & name of PG Guide

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68,950/-

Sign & Name of HOD

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Sign of Scientific Committee

Sign of Ethics Committee

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Total.

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Sign of Scientific Committee