**Guidelines**

**ICMR-NIAID-BMGF Clinical Research Fellowship exchange programme**

The Indian Council of Medical Research (ICMR), the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH) and the Bill & Melinda Gates Foundation (BMGF) Clinical Research Fellowship Program is for early and mid-career scientists within India and the USA to help in expanding the cohort of physician scientists focused on research that will advance discovery to improve clinical practice and benefit public health in both countries.

**Duration of Fellowship :** Up to 3 months

**Number of Fellowships:** 4 fellowships per year on each side

**Age limit:** Above 18 years and **not more than 60 years** as on last date of receipt of
 application

**Eligibility Criteria:**

For Indian applicants

1. The applicant should be a citizen of India and working in the country.
2. The applicant should possess an M.D./M.S. with or without Ph.D. from a recognized Institute in India.
3. The application should also include a letter by the Employer/Head of the Institution with a statement that the candidate will be considered as a full time employee of the Institution during the period of his/her fellowship.
4. Parent Indian institute may continue to pay salary and other benefits such as leave, medical gratuity, General Provident Fund, pension as applicable to the fellow candidate while he/she is away for the fellowship as per the parent institute’s rules/norms. No liability on any of these accounts will be borne by ICMR/DHR.
5. The Fellows will be required to execute a copy of a will/legal/service bond of Rs. 5.00 lakh to the parent Indian institute that he/she belongs to and will serve the parent Indian institute for a period of at least one year after return from International fellowship.
6. The Fellow should submit a final work report (in the prescribed format- Annexure-I) on the research and training activities undertaken in the foreign laboratory/institute during the fellowship period. This should be submitted within 2 weeks of his/her return.
7. The Utilisation Certificate (in the prescribed format- Annexure-II) should be submitted by the Fellow within 2 weeks of return for final adjustment of stipend/bills.
8. Total claim bills on the budget head of fellowship will be reimbursed not exceeding the specified amount.
9. In the event of cancellation of travel ticket due to change of the date of visit/change of sector of journey or any other reasons, the cancellation charges and difference of fare, if any, will be met by the Fellow.
10. ICMR will not be liable for anything whatsoever including GOI clearances, medical insurance etc., beyond the specified/official duration of stay of Fellow in the foreign country.

**Kindly note :**

* 1. While filling up the sections for Ethnicity, Races, Status, Disablity, in the application format, the applicant can chose not to respond (if not applicable).
	2. While filling up the section for Education: The applicant must choose Bachelor's Degree for MBBS and Masters Degree for M.D. and fill the details accordingly.

**Financial Support (For Indian Fellows )**

**By ICMR**

1. Return air-ticket (by Air India ) through shortest possible route. The Fellow will be entitled to excursion fareair travel by Air India (both ways) by the shortest route from the place of duty . ICMR shall book the air-tickets through the authorized travel agent.
2. Contingency grant of maximum of Rs. 50,000/- (which includes the cost of visa, taxi charges from place of duty to airport and back, overseas mediclaim/insurance expenses reimbursable on submission of original receipts/bills on return). No other charges/expenditure is admissible.

**By NIH**

Support in the form of Stipend for living($3000 per month upto 3 months) and other expenses as determined by the program sponsers.

**Financial support by ICMR (For US Fellow in India):**

**By ICMR**

1. Fellowship Allowance(lodging and per diem; US $3000 per month (Duly signed receipt to be submitted- - Annexure-III)
2. Fellowship Allowance for Indian institues: Rs. 40,000 (consumbles/chemicals) to be released as per requirement / type of training on a case to case basis(Admissible on production of bills/original receipts for fellowship work) (Duly signed receipt to be submitted- - Annexure-IV)

**By NIH**Other costs may be covered through ORIS

**For any query please Contact:**

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| --- | --- | --- |
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**Annexure-I**

**REPORT**

Report on participation of the Fellow in ICMR-NIAID-BMGF Clinical Research Fellowship Program.

1. Name and designation of Fellow :

2. Address/e-mail/mobile no. :

3. Frontline area of research in which

 training/research was carried out :

4. Name & address of

 Professor and host institute :

 alongwith e-mail/mobile no.

5. Duration of fellowship with date :

6. Highlights of work conducted :

1. Technique/expertise acquired :
2. Research results, including any papers,

prepared/submitted for publication :

1. Proposed utilization of the experience

in India :

 Signature of Fellow

ICMR Sanction No.

**Annexure-II**

**CLAIM SHEET**

(To be filled in by the Fellow)

1. Title : ICMR-NIAID-BMGF Clinical Research

Fellowship Program

1. Name, Designation and Address :
2. ICMR Sanction letter No. and date :
3. Place of work in India/USA :
4. Port of embarkation with date

of departure :

1. Port of disembarkation

with date of arrival :

1. Venue of training if in a city

different from above :

1. Duration (from \_\_\_\_ to \_\_\_) of the training :

 **CONTINGENCY**

1. Visa charges : Rs
2. Mediclaim insurance charges : Rs.
3. Taxi charges from place of

duty to airport and back : Rs.

 (for arrival and departure time)

Total amount spent & to be released : Rs.

**Certificate:**

Certified that I have participated in the above training/research program and the particulars furnished above are correct.

Date: Signature

Name & Address

of Fellow

**Please attach the following documents:**

* Original receipts for items claimed against contingency grant

**Annexure-III**

**Receipt to be submitted by US Fellow**

This is to certify that I-------------- have received a sum of --------- as Fellowship allowances for a duration of ----- days under the ICMR-NIAID-BMGF Clinical Research Fellowship Program for training in the laboratory of -----------------------.

Signature of Fellow:

 Name of Fellow

Name & address of

Professor and host institute

Countersigned by Director of host institute.

**Annexure-IV**

**Receipt to be submitted by Director of the Indian Host Institute**

This is to certify that my Institute -------------- has received a sum of --------- as Fellowship Allowance for host institute towards purchase of chemical/consumables under the ICMR-NIAID-BMGF Clinical Research Fellowship Program for training of the Fellow………………..

Signature of Director of Host Institute

 Name of Fellow

 Name & address of

Professor (Mentor) and Host institute

**Please attach the following documents:**

* Original Bills/Receipts to be attached