

ICMR e-PMS

User Manual for Ad-hoc Research Proposal Submission

2021



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**INDIAN COUNCIL OF MEDICAL RESEARCH
DEPARTMENT OF HEALTH RESEARCH
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVT OF INDIA**

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Process to apply through ePMS system of ICMR for Adhoc proposals (Direct Detailed Proposal)



Step 1 : PI Registration/Login

Step 2: Complete/Update PI Profile

Step 3 : Apply for Grant through submission of proposal (Adhoc)

STEP 1 : PI Registration

STEP 1 : PI Registration

1. Visit "<https://epms.icmr.org.in>". You can see a "**LOGIN**" screen as shown in figure 1.1 . Click on the "[Register a new membership](#)" for new registration OR else if registered enter details to login into the application.

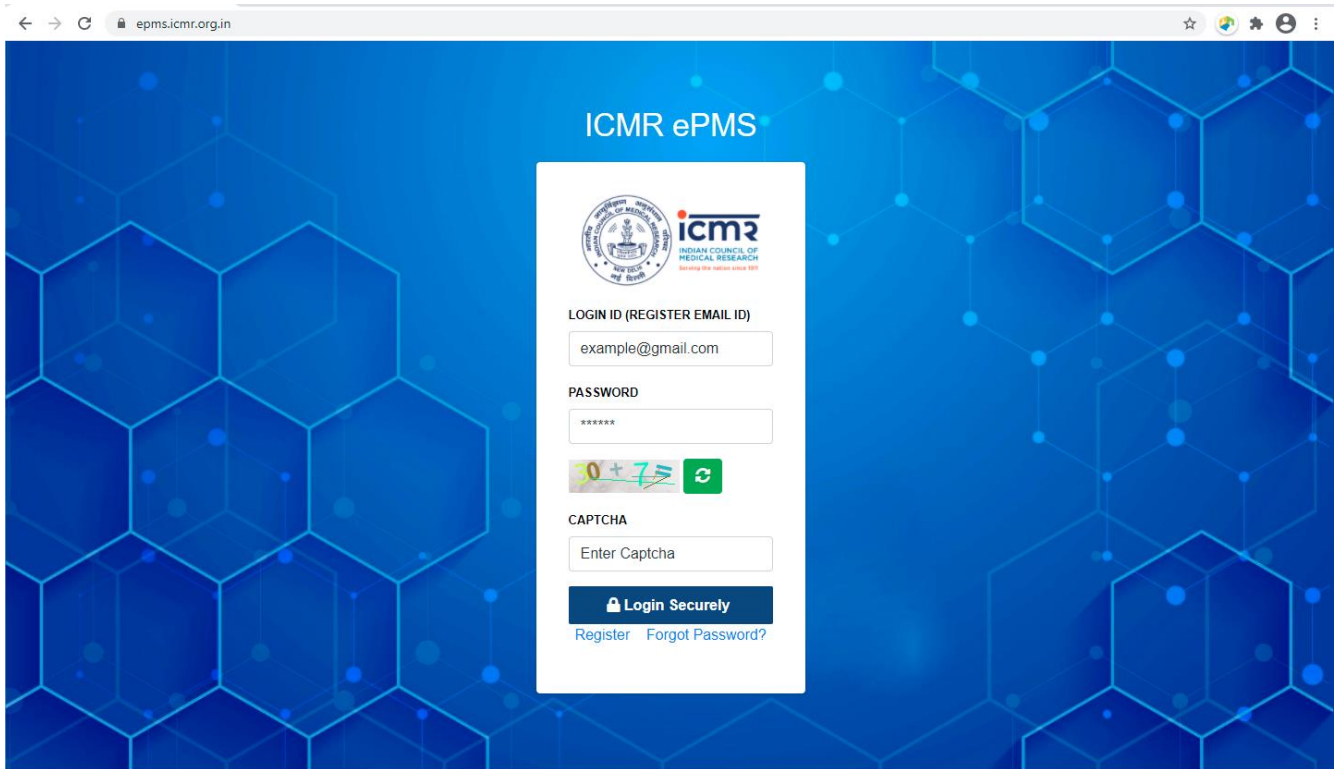


Figure: 1.1

2. For new registration, Screen shown in fig 1.2 will appear. All the fields are mandatory. This process will verify login details through your valid email id. Process will proceed further only after clicking the link through email.

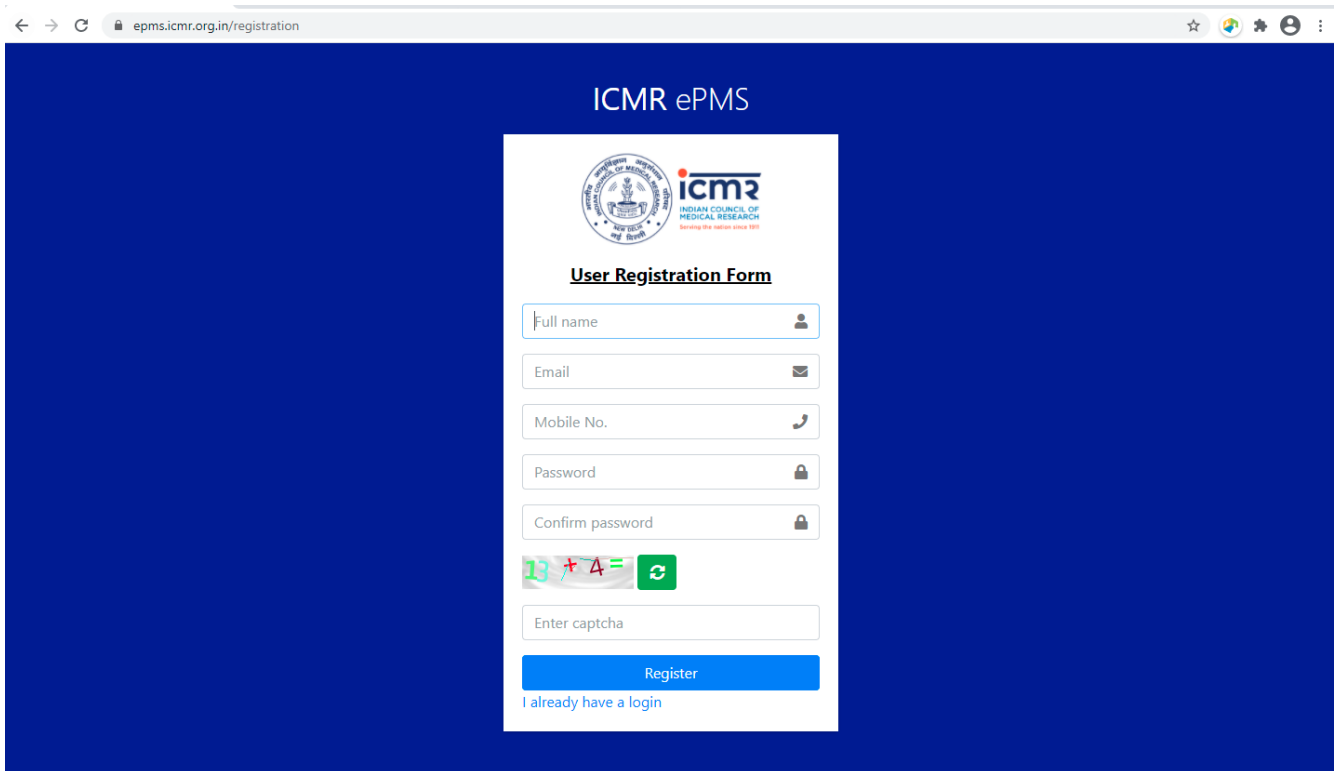


Figure 1.2

3. A Dashboard will appear which will show User Profile, Number of Projects Submitted/ Sanctioned/ Rejected as shown in Figure 1.3

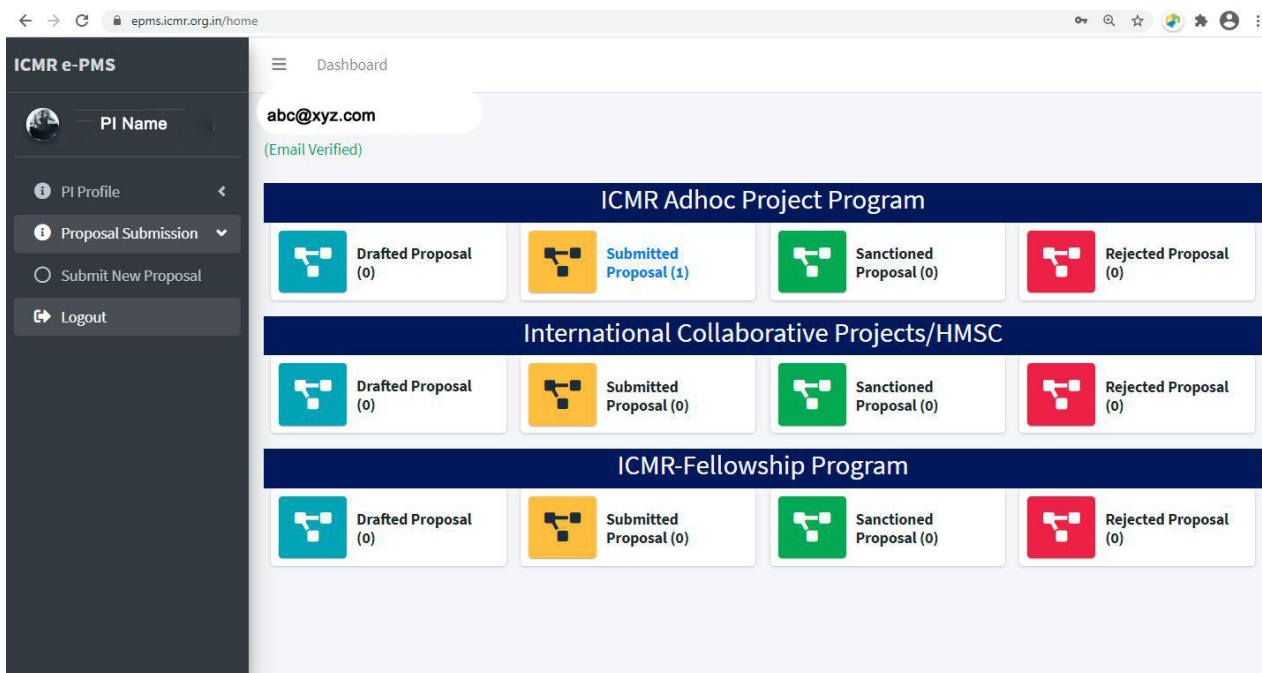


Figure: 1.3

STEP 2 : PI Profile

STEP 2 : PI Profile : It is desired to update the profile regularly as the details will be considered for evaluation of the new proposals. After expanding PI Profile information (8 points) as mentioned in Figure 2.1 will appear. It is mandatory to fill the information in all the concerned sections for evaluation purpose.

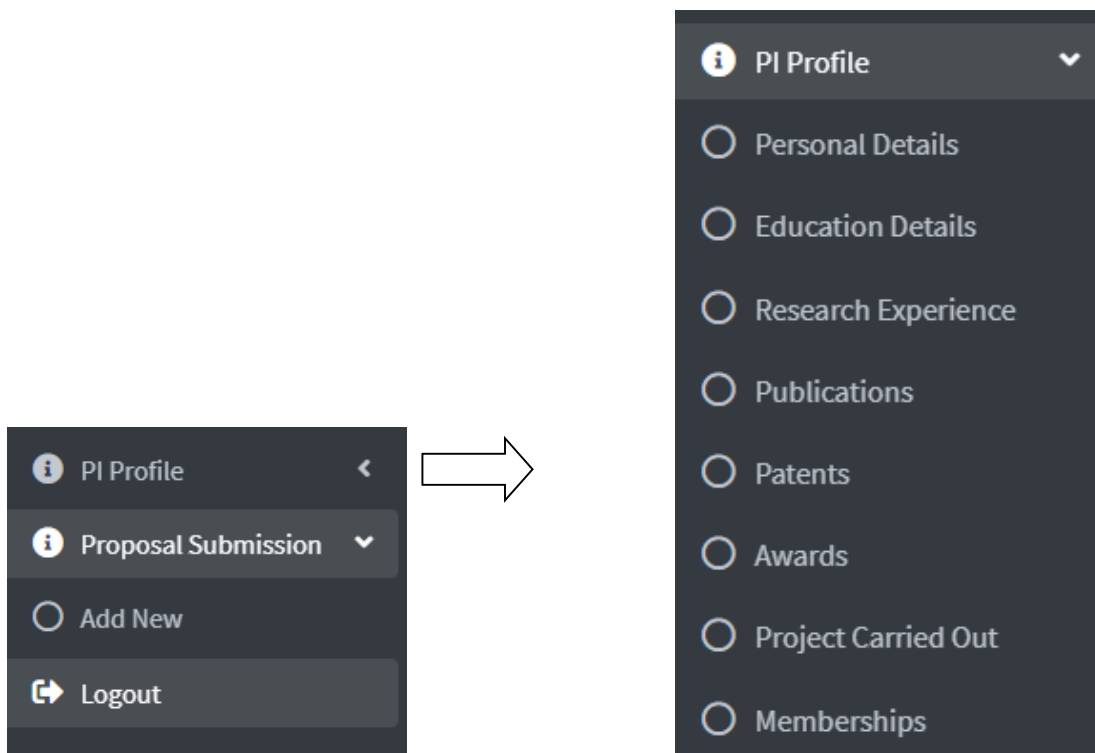


Figure 2.1. Submenu for PI Profile

2.1 Personal Detail:

Personal detail includes salute, name, DOB as per 10th certificate, Details of 10th (Board name, Roll number, Year of passing), Attachment (10th certificate/marksheet), Gender (Male/Female), Category (GEN, OBC, SC, ST), State, District, Institute Name (if name doesn't exist in the drop down list then there is an option to add the new institute also), Designation (Choose Student/Research Scholar), Nature of Employment, Department, Broad Area of research, Subject Area. (see Figure 2.2)

A screenshot of the Personal details screen. Add button will come for the first time. Henceforth Update button will appear.

Personal Details

| | | | |
|--|---|---|--|
| Title * Mrs | First Name (Without title) * ABC | Middle Name Middle Name | Last Name XYZ |
| DOB as per Certificate * 01-01-1990 | Name of Board * Central Board of Secondary Educatio... | Roll No. (Matric/10th(10+2 system)/11th (Old System)) * 1111112 | Passing Year (Matric/10th(10+2 system)/11th (Old System)) * 2008 |
| Upload Certificate/Marksheet copy* (.pdf 1 MB max) Choose File Certificate.pdf | Gender * Female | Category * GEN | State * DELHI |
| District * CENTRAL | Institute * Add New Institute NationalInstituteofImmunology | Your Designation * Add New Designation Scientist C | Your Department * Bioinformatics Cell |
| Broad Area * Bio-Medical and Informatics | Subject Area * BIOINFORMATICS | | |

[Update](#)

[View Detail](#)

Figure 2.2: Personal Information of PI

2.2 Educational Detail: It includes University name, Degree/Qualification, Institute/College Name and Year of Passing. Add Educational Detail allows to add new entry

View Education details

| # | University Name | Degree/Qualification | Institute Name | Passing Year | Action |
|---|------------------------------|----------------------------|----------------|--------------|--------|
| 1 | Acharya Nagarjuna University | Bachelor of Dental Surgery | aaa | 2021 | |

[Add New Education Details](#)

Figure 2.3: Education detail entry

2.3 Research Experience: It includes Institute name, Position, Date (From), Date (To), Duration (automatic calculation field) and Remarks to enter general remarks. Add Button allows to add any number of entries.

View Research Experience details

| # | Institute Name | Position | From Date | To Date | Duration | Action |
|---|----------------|----------|------------|------------|----------|--------|
| 1 | aaa | aaa | 2021-02-01 | 2021-02-10 | 0.02 | |

[Add New Research Experience](#)

Figure 2.4: Research Experience entry

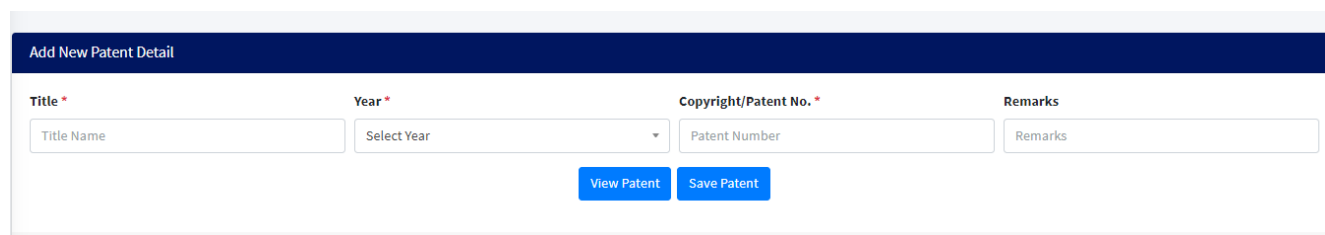
2.4 Publications: It includes Title, Author list, Journal Name, Volume, Page Number, Issue, Author, Impact Factor, ISSN No, Remarks. Publication can be added through form entry as Figure 2.5a or Publication list downloaded from Google Scholar in CSV file format can be uploaded directly as Figure 2.5b or Publication list can be prepared as per sample file available in portal and upload as Figure 2.5c

Figure 2.5: Publication detail

Figure 2.5a: Publication detail form entry

Figure 2.5b: Publication detail upload from system

2.5 Patents: It includes Title, Year, Copyright/Patent No, Remarks



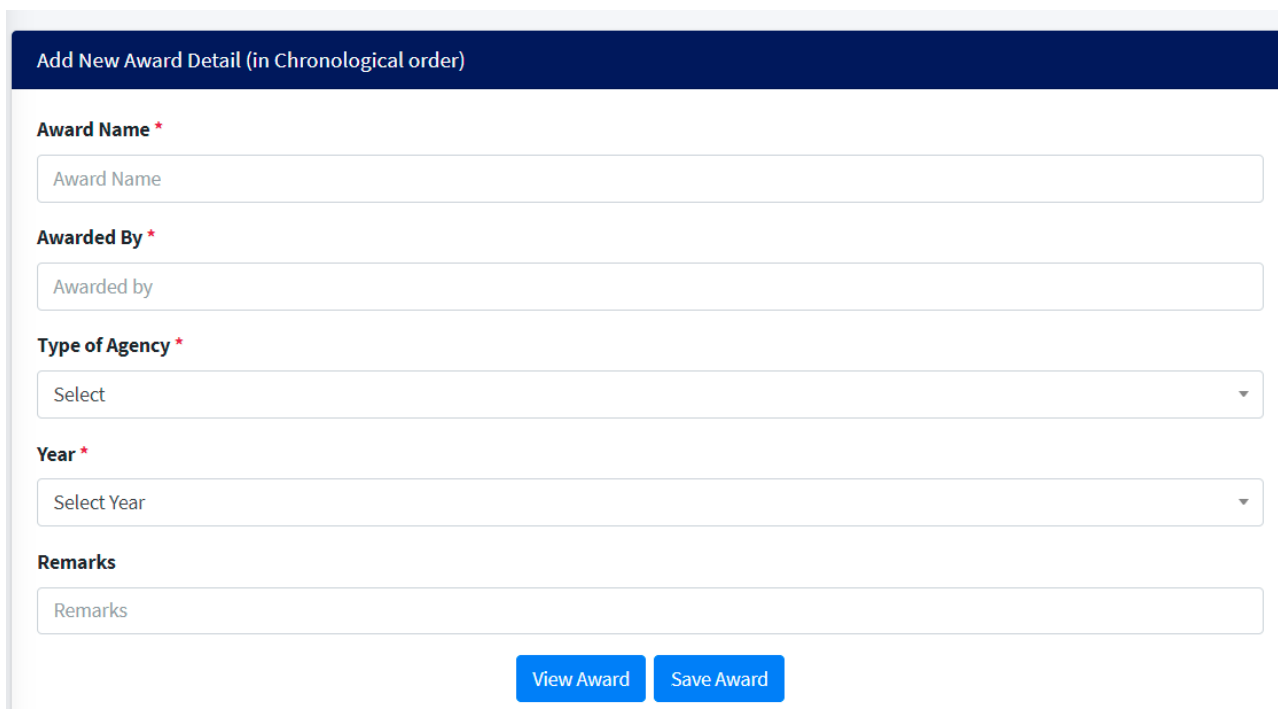
Add New Patent Detail

Title * **Year *** **Copyright/Patent No. *** **Remarks**

[View Patent](#) [Save Patent](#)

Figure 2.6: Patent Details Entry

2.6 Awards: It includes Award Name, Year of the award, Remarks



Add New Award Detail (in Chronological order)

Award Name *

Awarded By *

Type of Agency *

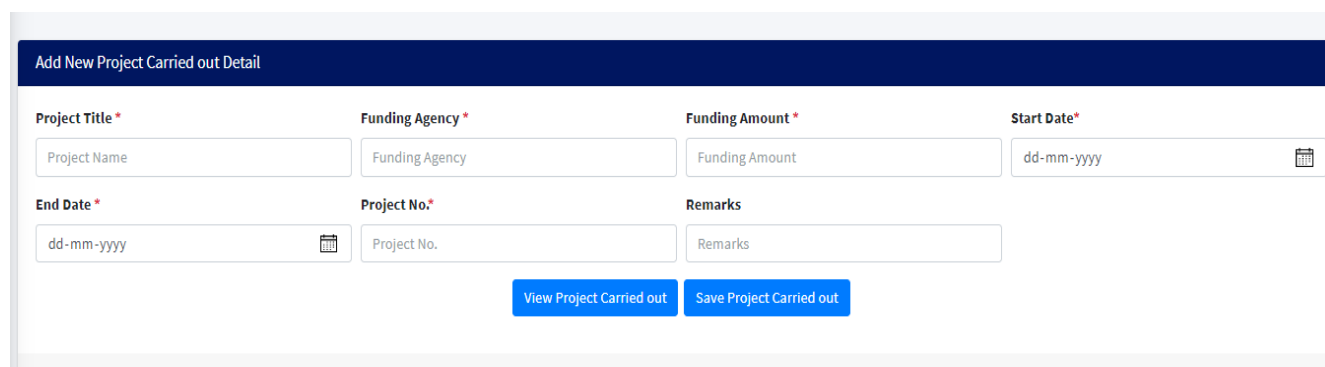
Year *

Remarks

[View Award](#) [Save Award](#)

Figure 2.7: Award detail entry

2.7 Projects Carried Out (Projects completed by PI). It includes Project Title, Funding Agency, Funding Amount, Start Date, End date, Project unique no, Remarks



Add New Project Carried out Detail

Project Title * **Funding Agency *** **Funding Amount *** **Start Date ***

End Date * **Project No. *** **Remarks**


[View Project Carried out](#) [Save Project Carried out](#)

Figure 2.8: Project details entry

2.8 Membership details: It includes Membership id, Membership detail, Validity date, Remarks

Add New Membership Detail

Membership Id *

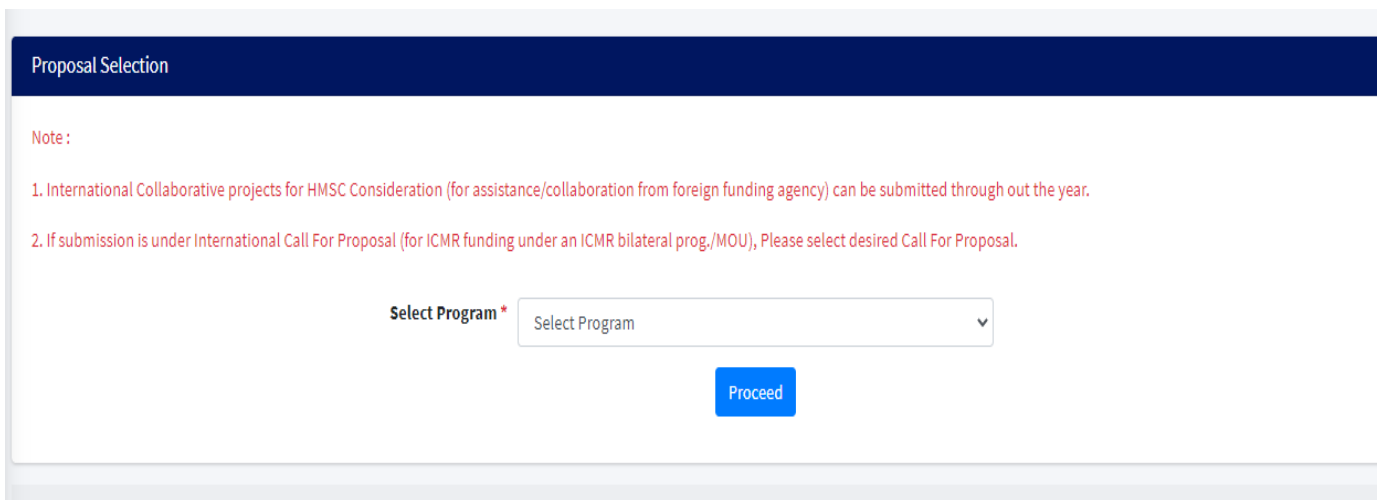
Membership Title *
Membership Agency *
Membership Validity * If, is Lifetime Validity? then check the checkbox 
Remarks

[View Membership](#) [Save Membership](#)

Figure 2.9: Membership details entry

STEP 3: Submit New Proposal : ICMR Extramural Adhoc

Select Submit New Proposal as given in Figure 3.1 to submit new Adhoc Proposal.



Proposal Selection

Note:

1. International Collaborative projects for HMSC Consideration (for assistance/collaboration from foreign funding agency) can be submitted through out the year.
2. If submission is under International Call For Proposal (for ICMR funding under an ICMR bilateral prog./MOU), Please select desired Call For Proposal.

Select Program *

Proceed

Figure: 3.1

Adhoc submission form contains 4 screens

SCREEN 1/4 contains following 24 points to be filled by PI. A screenshot of the Screen 1 is shown in figure 3.2

| Field | Values | |
|--|---|---|
| 1. Name of PI | Pre-filled from PI profile | |
| 2. Designation | Pre-filled from PI profile | |
| 3. Nature of Employment | Permanent/ Adhoc/ Contractual) <i>Note: Only permanent employees for ICMR Adhoc Grant.</i> | |
| 4. Gender | Pre-filled from PI Profile | |
| 5. DOB (Date of Birth) | Pre-filled from PI Profile | |
| 6. Date of Superannuation of PI | PI with minimum 3 years left for the Superannuation are eligible to apply | |
| 7. Institute Name | Pre-filled from PI Profile | |
| 8. Type of Institute | Govt/Private/NGO | |
| | 8a. Have valid DSIR certificate? | Yes/No Note: Is is mandatory for all type of institutes to have DSIR certificate |
| | 8b. Validity of Certificate | Date |
| 9. Is the Proposal against Advertisement | Yes/No (if the call is open then choose no else yes for call pertaining to specific area of research) | |
| 10. Title of Research Project | Title should be unique | |
| 11. Broad Area | From drop down menu | |
| 12. Major Discipline | Area of research proposal from drop down menu | |
| 13. Detail Proposal (pdf max. of 10 MB) | Upload detailed proposal | |
| 14. Duration of collecting data (in months) | Enter value in months | |
| 15. Duration of analyzing the data (in months) | Enter value in months | |
| 16. Total duration data (in months) | This will automatically be calculated on the basis of duration of collecting and analyzing data | |

| Field | Values |
|---|--|
| 17. Objective of Study (max. 3000 chars) | Text box to specify objective |
| 18. Expected Outcome (max. 3000 chars.) | Text box to specify outcome |
| 19. Is Ethical Clearance Required | (Y/N) in checkbox |
| 20. Number of Participating Agencies | Participating agency is to be entered 1 in case of Independent (single centric project) and more than 1 in case of Collaborative (multi-centric project) |
| 21. Project Type | This will be automatically be filled on the basis of number of participating agencies (Collaborative Project/Independent Project) |
| 22. PI/Co-PI Details | Detail of main PI will be prefilled . In case of independent project It is mandatory to have one CO-PI from same institute of first PI (CO-PI should also be registered in the ePMS portal of ICMR) In case of collaborative project, entry of respective PIs has to be added. All the PIs should also be registered in the ePMS portal of ICMR. |
| 23. Have you received any funding for research project from ICMR as Principle Investigator | Yes/No |
| 24. Have you received any funding for research project as Principle Investigator from any other Govt. agency or private organization either National or International | Yes/No |

Personal Details

1 Name of PI* Mrs Iqbal Kaur Kaur
 2 Designation* Scholar
 3 Nature of Employment* Select
 4 Gender* Female
 5 DOB* 1990-01-01
 6 Date of Superannuation of PI* dd-mm-yyyy

Institute Details

7 Institute Name* NationalInstituteofImmunology
 8 Type of Institute* --Select--
 8a Have Valid DSIR Certificate?* --Select--
 8b Validity of Certificate* dd-mm-yyyy

Proposal Details

9 Is this Proposal against any Advertisement?* Yes No
 10 Title of the Research Project* Research Project Title
 11 Broad Area Select Broad Area
 12 Major Discipline Select Subject Area
 13 Detail Proposal (Pdf only max 10 MB size)* [Format] Choose File No file chosen
 14 Duration for collecting the data (in Months)* Duration for collecting data
 15 Duration for analyzing the data (in Months)* Duration for analyzing data
 16 Total Duration Data (in Months)* 0
 17 Objective of Study (max 3000 characters)* Objective of study
 18 Expected Outcome (max 3000 characters)* Expected outcome
 19 Is Ethical Clearance Required?

Enter number of participating agencies, and project type will be updated automatically.

20 Number of Participating Agencies Number of Participating Agencies
 21 Project Type Collaboration Project Independent Project

To add Co-PIs, Click on Add More button then select Email of Co-PI, and other details like name,institute will appear automatically.

22 PI/Co-PI Details
 Select Email PI Name PI Institute PI Designation PI Contact Select Role
 + Add more

| # | Email | Name | Institute | Designation | Contact | Role Type | Action |
|---|----------------------|---------------------|-------------------------------|-------------|------------|-----------|--------|
| 1 | kauri.hq@icmr.gov.in | Mrs Iqbal Kaur Kaur | NationalInstituteofImmunology | Scholar | 1111111111 | PI | |

Other Details YES/NO.

23 Have you received any funding for research project from ICMR as Principle Investigator : * Yes No
 24 Have you received any funding for research project as Principle Investigator from any other Govt agency or private organization either National or International : * Yes No

[Back](#) [Save and Next](#)

Figure : 3.2

SCREEN 2/4 contains list of 19 Codal Documents as given in Figure (PDF format only , Max. size 10 MB only) to be uploaded. 2 (*) out of 19 documents are mandatory at the time of submission for all proposals. Format wherever applicable is attached in the list.

| | |
|----|---|
| 1 | Declaration & Attestation Form * [Format] |
| 2 | DSIR Certificate * |
| 3 | Case Record proforma, study instruments, questionnaires, scales, etc. |
| 4 | Non-availability Equipment Form [Format] |
| 5 | Non submission to other agency |
| 6 | Research Experience of PI during last 10 years [Format] |
| 7 | Review Committee on Genetic Manipulation |
| 8 | Undertaking of Proposal limits |
| 9 | Mandate Form [Format] |
| 10 | Justification of Staff, Equipment, Contingency and Travel Allowance |
| 11 | Institutional Ethics Committee |
| 12 | Institutional Ethical Clearance and Project Approval |
| 13 | Institutional Committee for Stem Cell Research |
| 14 | Institutional Bio-safety Committee |
| 15 | Institutional Animal Ethics Committee |
| 16 | Informed Consent Form |
| 17 | DCGI Approval |
| 18 | Certificate of previous ICMR Project |
| 19 | Financial Conflict of Interest by the Investigators |

| # | Doc Name | Document Upload Status | Choose File to upload |
|--|---|------------------------|---------------------------------|
| ICMR Adhoc Project Program (1) Project Id: 2021-146, Proposal Title: This is a test | | | |
| 1 | Declaration & Attestation Form * [Format] | | Click to Upload |
| 2 | DSIR Certificate * | | Click to Upload |
| 3 | Case Record proforma, study instruments, questionnaires, scales, etc. | | Click to Upload |
| 4 | Non-availability Equipment Form [Format] | | Click to Upload |
| 5 | Non submission to other agency | | Click to Upload |
| 6 | Research Experience of PI during last 10 years [Format] | | Click to Upload |
| 7 | Review Committee on Genetic Manipulation | | Click to Upload |
| 8 | Undertaking of Proposal limits | | Click to Upload |
| 9 | Mandate Form [Format] | | Click to Upload |
| 10 | Justification of Staff, Equipment, Contingency and Travel Allowance | | Click to Upload |
| 11 | Institutional Ethics Committee | | Click to Upload |
| 12 | Institutional Ethical Clearance and Project Approval | | Click to Upload |
| 13 | Institutional Committee for Stem Cell Research | | Click to Upload |
| 14 | Institutional Bio-safety Committee | | Click to Upload |
| 15 | Institutional Animal Ethics Committee | | Click to Upload |
| 16 | Informed Consent Form | | Click to Upload |
| 17 | DCGI Approval | | Click to Upload |
| 18 | Certificate of previous ICMR Project | | Click to Upload |
| 19 | Financial Conflict of Interest by the Investigators | | Click to Upload |

Figure 3.3

SCREEN 3/4 contains Add / View Proposed Budget for Proposal Id : XXXX-XXXX (Screen 3/4)

It contains following 8 details for Year wise and Institute wise

1. Year of the Budget
2. Institute Name
3. Staff (Manpower)
4. Contingency (Recurring)
5. Contingency (Non Recurring)
6. Equipment (if approved)
7. Travel (if approved)
8. Overhead charges (should not be more than 5%)

Figure 3.4. Submission of Budget details

Note: It is mandatory to enter all the rows as per duration and number of participating agencies chosen in Screen 1.


For example : if total duration of proposal is 24 months (2 years) and number of participating agencies is 2 then in this case it is mandatory to enter 4 rows (Year 1, Institute 1), (Year1, Institute 2), (Year2, Institute1) and (Year 2, Institute 2). If there is no budget for any particular year or Institute then PI can enter 0 in all the textboxes to match the number of rows. See figure 3.5 where budget of only year 1 with one institute is entered and rest of the rows contains 0 values.

| Year | Project Id | Institute | Staff (Manpower) | Contingency (Recurring) | Contingency (Non-Recurring) | Equipment (if approved) | Travel (if approved) | Overhead Charges | Total in INR | Action |
|---|------------|-------------------------------|------------------|-------------------------|-----------------------------|-------------------------|----------------------|------------------|--------------|-------------------|
| Year: 1 | 2021-146 | NationalInstituteofImmunology | 400,000.00 | 10,000.00 | 10,000.00 | 10,000.00 | 10,000.00 | 5,000.00 | 445,000.00 | |
| Year: 1 | 2021-146 | NationalCentreforCellScience | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Year: 2 | 2021-146 | NationalInstituteofImmunology | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Year: 2 | 2021-146 | NationalCentreforCellScience | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Note: To modify the budget, delete entry and add new entry for budget. | | | | | | | | | Total | 445,000.00 |

Figure 3.5. Submission of Budget details institute wise.

SCREEN 4/4 is a preview of full details entered by PI for the proposal and final submit. Preview option allows to see details in one go and PI has the option to modify detail before final submission.

(Screen 4/4)



INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR)
 Department of Health Research
 (Ministry of Health and Family Welfare)

APPLICATION FOR (ICMR Adhoc Project Program)
 (ICMR Adhoc Project Program)
 Project in Draft Stage

Proposal Id: 2021-146, Version Id: F1, Proposal Title: This is a test

| Personal Details of PI | | | |
|-------------------------------|---------------------|------------------------|-------------------------------|
| Name of PI (IN BLOCK LETTERS) | MRS IQBAL KAUR KAUR | Designation | Scholar |
| Email | KAUR.IH@ICMR.DDUJIN | Contact | 1111111111 |
| Date of Birth | 01-08-1990 | Date of Superannuation | 29-Oct-2024 |
| Nature of Employment | Permanent | Institute | NationalInstituteofImmunology |

| Proposal Details | | | |
|------------------------------|-----------------------------|--|-------------------|
| Advertisement | NO | Title of the Research Proposal | This is a test |
| Institute Type | Govt | Valid OSR Certificate (validity) | YES (28-Feb-2022) |
| Broad Area | Bio-Medical and Informatics | Major Discipline | BIOINFORMATICS |
| Detailed Proposal | 1613726598_2133815482.pdf | | |
| Project Duration (in Months) | 24 Months | Data Collection/Analyzing Data (in Months) | 12/12 Months |
| Objective of Study | test | Expected Outcome | test |
| Ethical Clearance | No | Participating Agencies | 2 |
| Fund received by ICMR before | N | Fund received by Other before | N |

| Investigator Details | | | | | | |
|----------------------|---------------------|-------------------------------|----------------------|-----------------------|-------------|------------------|
| # | Name | Institute | Designation | Email | Contact No. | Role in Proposal |
| 1 | Mrs Iqbal Kaur Kaur | NationalInstituteofImmunology | Scholar | kauri.hq@icmr.gov.in | 1111111111 | PI |
| 2 | Prof Madhu | NationalInstituteofImmunology | Additional Professor | mca.madhu17@gmail.com | 982401243 | Co-PI |
| 3 | Mrs Mona Gupta | NationalCentreforCellScience | Professor | gmona77@yahoo.com | 991110907 | PI |

| Documents consideration | | | | | |
|-------------------------|-------------|--------------------------------|----------------|--|--------------------------------|
| # | Proposal Id | Document Name | Is Applicable? | Uploaded Document | Remarks |
| 1 | 2021-146 | Declaration & Attestation Form | Yes | View uploaded document | declaration & attestation form |
| 2 | 2021-146 | OSR Certificate | Yes | View uploaded document | OSR certificate |

| Budget Details | | | | | | | | |
|----------------|-------------------------------|------------|-------------------------|-----------------------------|-----------|-----------|------------------|--------------------|
| Year | Institute Name | Manpower | Contingency (Recurring) | Contingency (Non-Recurring) | Equipment | Travel | Overhead Charges | Total Budget (INR) |
| Year:1 | NationalInstituteofImmunology | 400,000.00 | 10,000.00 | 10,000.00 | 10,000.00 | 10,000.00 | 5,000.00 | 445,000.00 |
| Year:1 | NationalCentreforCellScience | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Year:2 | NationalInstituteofImmunology | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Year:2 | NationalCentreforCellScience | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | | | INR 445,000.00 |

[Print](#)
[Edit Proposal](#)
[Edit Document](#)
[Modify Budget](#)
[Submit Proposal](#)

Figure 4.1. Preview of Proposal

1. PI can click on Submit Proposal option for final submission to the ICMR. After final submission PI will receive the confirmation of the submission by an email with the proposal Id which can be used for further communications.
2. Status of the submitted proposal is visible through the dashboard also at later stage.
3. PI can submit rest of the codal documents after submission also through dashboard by clicking submitted proposal.



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