

Declaration Certificate for RIF

The undersigned, Dr. _____ hereby declare that as a Principal Investigator (PI) of the project titled

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1. I have read and agreed to the Research Impact Fund (RIF) policy available at ORIC section of CMH LMC & IOD website.
2. I am a fulltime faculty member of CMH LMC & IOD.
3. The equipment(s) I have demanded for the proposed project is / are not available in the Institute.
4. **I ensure that the adjustments (receipts) against the funds released in the installments will be submitted before next installment, In case I am not able to do so, I will return all the funds released to me till then *within 3 days of* ‘letter issued for submission of adjustments for RIF’ by the Chairperson RIF committee.**
5. Proportion of research project funded by HEC or any other funding agency is disclosed in the application above.
6. The proposed project is genuinely novel and that there is no plagiarized material including self-plagiarism.
7. I have never been blacklisted by CMH LMC & IOD or Higher Education Commission (HEC) Pakistan.
8. I am not executing any other funded project as PI or Co-PI of this institution or HEC which is delayed.
9. In case I leave this institution or am relieved from my services by the institution’s higher authorities **before** completion of this project; I will return the amount sanctioned to me from RIF till that time, before my departure.
10. All publications from this project will bear affiliation of author with CMH LMC & IOD.
11. In all publications of this project I will acknowledge funding from RIF of CMH Lahore Medical College & IOD, under the Funding Disclosure subheading in the manuscript.
12. I agree that the decision of college higher authorities at any stage of funding will be considered final and will not be challenged in a court of law.

Signature of Principal Investigator	Signature of Collaborator (If any)
Name:	Name:
Designation:	Designation:
Department:	Department:
Institution:	Institution:

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Signature with Stamp of the Chairperson Research Impact Fund Committee
Name:
Department Name:
Institution: