



ज्ञान- विज्ञान विमुक्तये
UNIVERSITY GRANTS COMMISSION
BAHADURSHAH ZAFAR MARG
NEW DELHI-110002

①

SUBJECT: Medicine

Dated: 17.12.2014

File No. 41-1290/2012 (SR)

TENURE 3 Years

MID- TERM EVALUATION/ RECOMMENDATION SHEET

1.	Name & Address of the Principal Investigator	Dr. Arun Kumar Sharma Deptt. of Medicine (Community) University College of Medical Sciences Dilshad Garden, Delhi
2.	Title of the project	Spatial analysis using geographic information system based maps to determine the impact of environmental and occupation hazards in causation of Chronic Obstructive pulmonary Diseases
3.	Total Allocation	11,35,800/-
4.	Grant Released	7,31,800/-
5.	Date of Implementation	01.07.2012
6.	Staff (Date of appointment)	
7.	Annual Report	

RECOMMENDATIONS/ SUGGESTIONS/ COMMENTS OF THE EXPERT COMMITTEE

1. Additional Grants sanctioned, if any
(Only in-exceptional circumstances)

Additional Grant of 2 Lacs recommended.

The project is recommended for continuation *see p. 1*

2. Re-appropriation, if any (head wise)
(Except for fellowship /Honorarium/
Inst. Overhead charges)

NIL

3. Comments(If incase not satisfactory, please indicate 3 reasons)

The progress is ~~not~~ satisfactory because of the follow up.

1. Procurement of Geocoded maps from Survey of India took time
2. Late data collation done
3. Funds received late

(NAME & SIGNATURE OF THE EXPERTS COMMITTEE MEMBERS)		Checklist for document	YES/NO
Name in Block letters	Signature	1.Details of project fellow	✓
1. Dr. P.S. Ghalaut	<i>P.S. Ghalaut</i>	2.Progress Report	✓
2. Dr. Sandeep Garg	<i>Sandeep Garg</i>	3.Statement of expenditure	✓
3.		4.Utilization Certificate	✓
		5. Mandate form	Not provided



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SUBJECT: Medicine

Dated:17.12.2014

File No. 41-1291/2012 (SR)

TENURE 3 Years

MID- TERM EVALUATION/ RECOMMENDATION SHEET

1.	Name & Address of the Principal Investigator	Dr. Prasanta Raghab Mohapatra Deptt. of Medicine Govt. Medical College, Sector 32 Chandigarh
2.	Title of the project	Role of serum procalcitonin level as a guide to initiate and monitor the response of antibiotic therapy in acute exacerbation of chronic obstructive pulmonary disease
3.	Total Allocation	8,75,000/-
4.	Grant Released	4,75,000/-
5.	Date of Implementation	01.07.2012
6.	Staff (Date of appointment)	
7.	Annual Report	

RECOMMENDATIONS/ SUGGESTIONS/ COMMENTS OF THE EXPERT COMMITTEE

1. Additional Grants sanctioned, if any
(Only in-exceptional circumstances)

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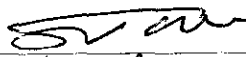
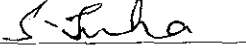
2. Re-appropriation, if any (head wise)
(Except for fellowship /Honorarium/
Inst. Overhead charges)

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3. Comments(If incase not satisfactory, please
indicate 3 reasons)

ABSENT

1.	
2.	
3.	

(NAME & SIGNATURE OF THE EXPERTS COMMITTEE MEMBERS)		Checklist for document	YES/NO
Name in Block letters	Signature	1.Details of project fellow	_____
1. _____		2.Progress Report	_____
2. _____		3.Statement of expenditure	_____
3. _____		4.Utilization Certificate	_____
		5. Mandate form	_____



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SUBJECT: Medicine

Dated:17.12.2014

File No. 41-1292/2012 (SR)

TENURE 3 Years

MID- TERM EVALUATION/ RECOMMENDATION SHEET

1.	Name & Address of the Principal Investigator	Dr. Seema Khanna Deptt. of Medicine Banaras Hindu University Varanasi
2.	Title of the project	Study of expression of biomolecular markers in breast tumors in Indian women
3.	Total Allocation	10,68,800/-
4.	Grant Released	6,14,800/-
5.	Date of Implementation	01.07.2012
6.	Staff (Date of appointment)	
7.	Annual Report	

*Recommended for
Continuation
Prof. S. Khanna
17/12/14*

RECOMMENDATIONS/ SUGGESTIONS/ COMMENTS OF THE EXPERT COMMITTEE

1. Additional Grants sanctioned, if any
(Only in-exceptional circumstances)

NIL

2. Re-appropriation, if any (head wise)
(Except for fellowship /Honorarium/
Inst. Overhead charges)

NIL

3. Comments(If incase not satisfactory, please
indicate 3 reasons)

1. N.A.
2.
3.

(NAME & SIGNATURE OF THE EXPERTS COMMITTEE MEMBERS)		Checklist for document	YES/NO
Name in Block letters	Signature	1.Details of project fellow	✓
1. Dr. P. S. GARGAAT	Prof. S. Khanna	2.Progress Report	✓
2. Dr. Sandeep Garg	Prof. S. Khanna	3.Statement of expenditure	✓
3.		4.Utilization Certificate	✓
		5. Mandate form	Not provided



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SUBJECT: Medicine

Dated:17.12.2014

File No. 41-1295/2012 (SR)

TENURE 3 Years

MID- TERM EVALUATION/ RECOMMENDATION SHEET

1.	Name & Address of the Principal Investigator	Dr. Lalit Maini Deptt. of Medicine Maulana Azad Medical College New Delhi
2.	Title of the project	Anthropometric measurements of normal & arthritic knees and its correlation to outcome in total knee replacement in Indian population
3.	Total Allocation	13,02,800/-
4.	Grant Released	8,65,300/-
5.	Date of Implementation	01.07.2012
6.	Staff (Date of appointment)	
7.	Annual Report	Recommended for continuation

RECOMMENDATIONS/ SUGGESTIONS/ COMMENTS OF THE EXPERT COMMITTEE

1. Additional Grants sanctioned, if any
(Only in-exceptional circumstances)

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2. Re-appropriation, if any (head wise)
(Except for fellowship /Honorarium/
Inst. Overhead charges)

Nil

3. Comments(If incase not satisfactory, please indicate 3 reasons)

USA. Recommended for Continuation.

1.	Nil
2.	
3.	

17/12/14

(NAME & SIGNATURE OF THE EXPERTS COMMITTEE MEMBERS)		Checklist for document	YES/NO
Name in Block letters	Signature	1.Details of project fellow	✓
1. Dr P. S. GHALAUT	P. S. Ghala	2.Progress Report	✓
2.		3.Statement of expenditure	✓
3.		4.Utilization Certificate	✓
		5. Mandate form	Not Provided



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File No. 41-1296/2012 (SR)

TENURE 3 Years

MID- TERM EVALUATION/ RECOMMENDATION SHEET

1.	Name & Address of the Principal Investigator	Dr. Ram Chander Deptt. of Medicine Lady Hardinge Medical College New Delhi
2.	Title of the project	Development of new conventional treatment strategies for patterned alopecia using platelet rich plasma
3.	Total Allocation	8,55,000/-
4.	Grant Released	6,55,000/-
5.	Date of Implementation	01.07.2012
6.	Staff (Date of appointment)	
7.	Annual Report	

RECOMMENDATIONS/ SUGGESTIONS/ COMMENTS OF THE EXPERT COMMITTEE

1. Additional Grants sanctioned, if any
(Only in-exceptional circumstances)

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2. Re-appropriation, if any (head wise)
(Except for fellowship /Honorarium/
Inst. Overhead charges)

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3. Comments(If incase not satisfactory, please
indicate 3 reasons)

ABSENT

1.	
2.	
3.	

(NAME & SIGNATURE OF THE EXPERTS COMMITTEE MEMBERS)		Checklist for document	YES/NO
Name in Block letters	Signature	1.Details of project fellow	_____
1. _____		2.Progress Report	_____
2. _____		3.Statement of expenditure	_____
3. _____		4.Utilization Certificate	_____
		5. Mandate form	_____