

Health Research Institute

National Institutes of Health

Quarterly Progress Report

Title of Project

Project Reference No:

Name Principle investigator & Institute:

Name of Co-investigators &their Institutions:

**Project details:**

Quarterly progress report (QPR) for the Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarterly progress report No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due date of submission of QPR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total approved budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Budget received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date 1st Installment received by PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of completion of Research project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Objectives:**

**Methods:**

(Mention the same as approved in final version of research project)

**Gant Chart:**

(Paste the Gant chart as approved in final approved version of research project)

**Targets of the current quarter as per approved Gant chart:**

**Current status:**

**Plans if targets of the current quarter not achieved:**

**Results &Tables (if applicable):**

Name of Principle investigator & Institute:

Signature:

Name of Co-investigators &their Institutions:

Signature: