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CIRCULAR

Subject: Expression of Interest (EoI) for Establishment of MRU Centre of Research Excellence (MRU-CoRE)- Regarding

This office is in receipt of a communication from Nodal Officer, Multidisciplinary Research Unit (MRU), Government Medical College Srinagar, whereunder invitation of Expression of Interest (EoI) for establishment of MRU Centre of Research Excellence (MRU-CoRE) under the Department of Health Research (DHR), Ministry of Health & Family Welfare, Government of India.

The proposed MRU-CoRE aims to undertake robust, solution-oriented biomedical research addressing national health priorities, with focus on the following thematic areas:

- **Reproductive, Child Health and Nutrition** (Anemia, Childhood Malnutrition and Neonatal Mortality)
- **Non-Communicable Diseases:** Cancer, Mental Health, and Ambulatory Care of Hypertension and Diabetes
- **Communicable Diseases:** Tuberculosis (TB), Antimicrobial Resistance (AMR), One Health, and Vector-borne Diseases

In this regard, it is impressed upon all HOD's to disseminate the circular instructions among the faculty members of their respective departments, so that, interested faculty members submit their project proposals as per the enclosed format, devised by DHR-ICMR, to the Multidisciplinary Research Unit (MRU), Government Medical College Srinagar on the designated email ID: mru.gmcsrinagar2014@gmail.com by or before 10th August 2026.

Prof. (Dr.) Iffat Hassan Shah
Principal/Dean

Govt. Medical College, Srinagar

Encl: (DHR Communication and guidelines are attached for ready reference)

No. GMC/Acad/2958-70/MC Dated: 07-07-28

Copy to the:

1. All HOD's, GMC Srinagar, for information and necessary action.
2. In-Charge IT Section, GMC Srinagar, for information and necessary action.
3. Office Record File.

Guidelines for MRU- Centres of Research Excellence

1. Background

1.1 The Multi- Disciplinary Research Units (MRUs) sub scheme has been established at Government Medical Colleges/Research Institutions by the Department of Health Research (DHR) to promote and encourage quality biomedical research, address research infrastructural gap, build research capacity and improve the overall health status of the population by generating evidence-based solutions to relevant health problems. Since the inception of the scheme in 2013, 118 MRUs have been established nationwide in Government Medical Colleges.

1.2 The performance evaluation held in the Zonal Conclaves organized from January to March 2024 and during a two day Conference - Medical Colleges Research Connect 2025 (20–21 March 2025) and Medical Colleges Research Connect 2026 (26–27 February 2026) showed that the scheme had reached a stage where along with the establishment of newer MRUs, impetus can be given to upgrading some of the well – performing units to Centres of Research Excellence (CoREs) capable of conducting high-quality, cutting-edge research by injecting additional funds, manpower, laboratory equipment and data management centres.

1.3 Robust and solution-oriented bio-medical research can be undertaken by the well performing units leading to a more comprehensive understanding and evidence-based management strategies for three health issues of National priority. The choice of these 03 priorities would depend on need, interest and capacity of MRUs seeking to be a CoRE.

1.4 MRU-CoREs are expected to provide leadership in good research practices and support other institutions in conducting biomedical research. It is envisaged that an MRU-CoRE would be capable of conducting research that can reform policy and practice guidelines. The institutionalization of these activities through formation of MRU-CoREs is expected to provide a sustainable model of biomedical research excellence.

1.5 DHR thus plans to create world-class infrastructure and develop research capacity at these centres. The expected enhanced research outputs of the upgraded centres will also help in furthering the global research ranking of these Indian medical institutes and will be a right step towards fulfilling the vision of 'Viksit Bharat'.

1.6 With this vision in mind, DHR proposes to upgrade some of the selected well – performing MRU as Centres of Research Excellence (MRU-CoRE) capable of being experts in chosen domains and leaders in biomedical research in the country. The ultimate goal of this endeavour is to improve the health of the Indian population through high quality research that is used in clinical and public health practice.

1.7 In the Financial year 2025-2026, Eight (8) well performing MRU have been upgraded as Centres of Research Excellence (MRU-CoRE).

2. Objectives of MRU-CoRE

2.1 To conduct innovative and transformative biomedical research for the prevention, early detection and treatment of high-priority health issues.

2.2 To promote new technology/knowledge/innovations that address the identified health issues.

2.3 To enhance a collaborative ecosystem for multidisciplinary biomedical research including building capacity in research methods, proposal development, research data management and statistical analysis

3. Selection of MRU-CoRE

3.1 An expression of interest (Eoi) will be invited from the existing well-performing MRUs to be selected as MRU-CoREs. Well -performing MRUs will be identified as ones which have obtained at least 70% score in the performance evaluation by DHR. The MRUs will submit an application that should include three research proposals that address three health issues of high priority. It is expected that each research proposal will be developed by a faculty member who will be the lead investigator for the proposal. Applications will then be reviewed by the MRU Technical Evaluation Committee based on the following proposed parameters:

3.2 Experience of the Lead Investigators for each of the three proposals, in terms of research grants received, ongoing and completed research projects, publications, patents and technologies and collaborations and the overall expertise and capability of the team to successfully execute the proposed research.

3.3 Evaluation of Complete research proposal: The centre should identify three health issues, preferably issues on which they have been working upon in recent past, and provide a rationale for their selection. The rationale should include review of existing literature, data on disease burden & severity, relative importance, existing knowledge gaps and any previous work done by the centre regarding the identified health issues. The centre should define its overarching goals with regard to research into the identified health issues.

3.4 Any other parameter as decided by the Technical Evaluation Committee (TEC) of MRUs appointed by the DHR.

4. Funding of MRU-CoRE

4.1 It is expected that the selected MRUs may need financial support over and above the regular GIA provided by the DHR in MRU scheme, for developing into a CoRE. The following non-recurring and recurring funding norms are currently applicable upto 30th September 2026. The proposal for establishment of new CoREs as well as the funding norms of MRU-CoREs after 30th September 2026 shall be subjected to the decision taken by the Competent Authority on the proposal submitted by DHR for extension of MRU scheme in the 16th FC period.

4.1.1 Non-Recurring Grant

(Rs. in Crore)	
Equipment	Up to 3.00

4.1.2 Recurring Grant (Annual)

(Rs. in Crore)	
Salaries (per annum)	0.61
Contingency/consumables/training etc. (per annum)	0.60

4.2 However, the actual amount sanctioned will be based on the proposal and budget submitted by the MRU-CoRE and subject to approval by the competent authority of DHR.

4.3 MRU - CoRE staff will be hired on contractual basis as per their respective institutional norms.

5. Administrative Personnel

5.1 The existing Executive Committee of the MRU constituted vide letter no. R.11016/05/2024-HR dated 09.05.2024 will also coordinate CoRE activities along with regular MRU activities (Page No. 6-7).

5.2 In addition, the lead investigator for each of the three research proposals will form a working group for the conduct of each of the three identified research topics. Each working group will comprise of investigators/faculty with expertise in the identified research topic and will preferably be multi-disciplinary in nature. The function of these working groups will be to design and conduct the research studies proposed in the EoI. They will also be responsible for furthering the research in their respective areas by generating extramural grants, conducting workshops, etc.

5.3 The contractual staff appointed from the additional funds provided by DHR will include one Project Research Scientist-III (for statistical analysis), one Project Research Scientist-I (for data management), and nine Project Technical Support-III/Project Nurse-III staff (Page No. 5). Any proposed downgrading of posts within the same category shall require prior approval from DHR.

6. Upgradation of laboratory

6.1 It is expected that the MRU-CoRE will utilize CoRE grants to upgrade existing laboratory facilities through procurement of high-end equipment that will be used for the conduct of research in the three identified health topics. Adequate justification for need of such equipment must be provided to DHR. Indicative list of equipment includes:

- i. Flow cytometer
- ii. Next Generation Sequencer (NGS)/ Whole Genome Sequencer
- iii. Liquid Chromatograph Mass Spectrometers (LCMS)
- iv. High Performance Liquid Chromatography (HPLC)

7. Setting up of data management centre

7.1 Each MRU CoRE should house a functional data management unit with the purpose of developing independent data management and analytical capacity. DHR may consider request by CoRE for appropriate data management software programs, if not available with them, on a case-to-case basis. This data management centre will be run by the additional project scientist provided for CoRE (Page No. 5) and will cater to the needs of activities under CoRE grant as well as the regular MRU activities.

8. Activities of MRU-CoRE

8.1 Research studies (intramural): The main activity of an MRU-CoRE will be to design and conduct research studies in identified health issues as per the research plan, using DHR funds for MRU-CoRE.

8.2 Generation of extramural grants: MRU-CoRE is expected to conduct workshops/capacity development sessions on proposal development that can lead to writing and obtaining extramural grant funding. At least two extramural grants must be generated in the identified areas.

8.3 Collaborations with other institutes: MRU-CoRE may, if necessary, collaborate with one or more government/private institutions for conducting research, stating the justification of collaboration and the complementary expertise that a collaborating centre will provide. Collaborations may be in the form of shared facilities, capacity building or technical support. No funding may be made available by MRU-CoRE to collaborators.

8.4 Capacity building: It is expected that MRU-CoREs will promote research capacity building in the identified health issues within the institution and outside. MRU-CoREs should conduct workshops/trainings for developing capacity in general research methods, proposal development as well as research methods specific to the identified health issues.

9. Expected outputs and evaluation

9.1 The regular performance evaluation of MRUs by DHR will continue. Additionally, over a period of two years, the performance and achievements of MRU-CoRE will be evaluated as per the following expected outputs.

Table 1. Outputs and minimum target in two years (applicable only to research projects/activities under CoRE grant)

Expected outputs	Minimum Target
Number of intramural research projects initiated	Three (one in each identified health domain)
Number of publications in peer-reviewed indexed journals including reviews, methods papers, etc.	06-08
Number of extramural research project grants of total INR 50 lakhs and above	≥02
Average Consumables, Contingency and Training expenditure per year	≥ 70%
Number of medical/surgical faculty enrolled in PhD programme	≥ 01
Number of capacity building sessions of at least 10 participants each (workshops/training/seminar of at least two days) conducted	≥04

**Any guidelines developed, patents filed and granted, and international collaborations initiated will be considered for additional points*

10. Monitoring and evaluation

10.1 The LRAC constituted for the MRU will also be responsible for monitoring the activities under the CoRE grant. At the six-monthly LRAC meetings, a dedicated session for monitoring CoRE activities will be scheduled. There will be annual monitoring visits by DHR/ICMR officials to monitor progress of CoRE research projects. There will be following three annual reports generated for MRU-CoRE activities:

- i. Self-assessment report by MRU-CoRE
- ii. LRAC progress reports
- iii. DHR monitoring visit report

10.2 All three reports will be reviewed by an Evaluation Committee which will include the Secretary-DHR, Joint Secretary-DHR and relevant experts to review progress and give recommendation for continuation of CoRE status of any MRU. The decision of the competent authority shall be final in this regard.

10.3 As stated above impetus can be given to upgrading some of the existing and well – performing MRUs to Centres of Research Excellence (CoREs) capable of conducting high-quality, cutting-edge research by injecting additional funds, manpower, laboratory equipment and data management units. The additional funds for manpower, equipment, data management unit will be provided out of the existing budget estimate of Rs. 91.65 crore for the year 2025-26 and as such no extra budgetary provisions are required.

Composition of MRU-CoRE Staff and Salary Structure upto 30th September 2026

Post	No. of posts	Basic per month (INR)	(Basic + HRA at 30%) multiplied by number of posts per month	Responsibilities
Project Technical Support-III / Project Nurse-III*	9	28000	327600	Assigned equally or need-based to individual studies for data collection/ field work/lab work/daily study activities.
Project Research Scientist- I (non-medical - data management) *	1	56000	72800	Overall data management for all research studies under CoRE grant. Assistance in data management of other studies of MRU as well.
Project Research Scientist- III (non-medical-data analysis)	1	78000	101400	Data analysis/statistical support for all CoRE research studies as well as the other MRU studies, if required.
Total	11	162000	501800	

****Posts can be downgraded within the same position, e.g., Project Technical Support-III can be downgraded to Project Technical Support-II or I as per requirement.***



R.11016/05/2024-HR
09.05.2024

To

1. Principals/Deans/Directors of Govt. Medical Colleges/Research Institutes.
2. Nodal Officers of Multi Disciplinary Research Units (MRUs).

Subject: Modification in working mechanism of Local Research Advisory Committee (LRAC) and constitution of an Executive Committee in Multi Disciplinary Research Unit (MRU) in Govt. Medical College/Research Institutes.

Sir/Madam,

I am directed to say that as per the existing guidelines of establishing Multi Disciplinary Research Units (MRUs) in Govt. Medical Colleges and Research Institutes, a Local Research Advisory Committee (LRAC) is constituted which considers and approves research proposals received from various departments of the College and subsequently monitors their progress. The head of the Medical College/Research Institute designates one of the members of the faculty, preferably of the level of professor as nodal officer for overseeing the functioning of the MRU. Nodal officer of MRU is also the member secretary of LRAC.

2. Certain issues with regard to working mechanism of LRAC have been raised by many MRUs in various fora. To resolve these issues, wide consultations were held with MRUs. Based on discussion and inputs from MRUs, it has been decided with the approval of Competent Authority, to modify working mechanism of LRAC. The working mechanism of LRAC shall be as under:

- LRAC meeting should be held at-least every 06 monthly to review the new proposals and monitor the progress of ongoing proposals against the project specific outcomes and timelines proposed by Principal Investigators of these projects.
- LRAC shall be reconstituted with half of the members changing every three years to ensure rotation of all members.
- The maximum tenure of any member should not exceed beyond 06 years.

3. With the approval of Competent Authority, it has also been decided to constitute an Executive Committee (EC) with the following composition:

S. No.		
1	Chairperson	Director/Principal/Dean (Research) of the Medical College/Institute
2	Three faculty members	Three – one each from preclinical, para-clinical & one from clinical departments (preferably one either from medical or surgical departments)
3	Nodal officer of MRU	Faculty nominated by head of Medical College/Research Institution

4. **The functions of Executive Committee (EC) shall be to:**


- Establish the mechanism for receiving proposals from faculty
- Encourage wide participation of different departments in proposals submission to MRUs
- Review proposals for presentation to LRAC for finalization/selection or otherwise.
- Oversee the distribution of contingency funds for activities of MRU and support LRAC approved projects.

5. **The working mechanism of Executive Committee (EC) shall be as under:**

- The EC will meet every quarter. Minutes of quarterly meeting should be communicated to LRAC.
- Participate in LRAC as observers (except Nodal Officer who is member secretary of LRAC).
- All decisions of EC shall be by majority
- The term of EC shall be 04 years.

6. The Competent Authority has also approved that in case of transfer of Nodal Officer, one of the members of Executive Committee shall be appointed as new Nodal Officer by the head of the Institution. Proper handing over of the charge must be ensured by the Institution head. It has also been decided that Nodal Officer for DHR schemes of VRDL and MRU should not be the same.

7. The above instructions should be complied within one month from date of issue of this letter.

Yours faithfully

09/05/2024
(Vinod Kumar)
Director

Format for project proposal

PART-A

1. **Title of the proposed research project (up to 25 words):** should be **specific, concise** and yet sufficiently descriptive and informative.
1. **Summary (up to 250 words):** A structured summary should contain the following subheadings:
 - I. Rationale/ gaps in existing knowledge,
 - II. Novelty,
 - III. Objectives,
 - IV. Methods
 - V. Expected outcome.
2. **Area of research** (Please tick one):
 - Description-burden, risk factors, determinants, associations, characteristics-clinical or OMICs
 - Discovery-finding novel interventions (basic research)
 - Development or improvement of preventive, screening, diagnostic, treatment or rehabilitation interventions
 - Delivery-implementation research
3. **Keywords:** Six keywords separated by comma which best describe your project may be provided.
4. **Abbreviations:** Only standard abbreviations should be used in the text. List of abbreviations maximum of ten may be given as a list.
5. **Problem Statement (up to 500 words):** State the currently available information to adequately present the problem.
6. **Rationale of the study (up to 250 words):** Mention how the research question addresses the critical barrier(s) in scientific knowledge, technical capability, and/or programmatic/clinical/lab practice and its relevance to local, national and international context with relevant bibliography.
7. **Hypothesis/ Research question (up to 100 words):** Please provide details
8. **Study Objectives (up to 25 words/ objective):** Define the objectives clearly and in measurable terms; mention as primary and secondary objectives if necessary. Do not include more than 3-4 objectives.
9. **Methodology:** Include objective-wise work plan under the following sub-headings (as applicable):
 - a. Study design
 - b. Study site
 - c. Methods (e.g. PICO)
 - d. Sample size estimation and sampling strategy
 - e. Implementation strategy
 - f. Data management and analysis plan
 - g. Statistical analysis
 - h. Ethical issues

- 10. Expected outcome/ Deliverables aligned with research question** i.e., what will be known at the end, if the project achieves all the stated objectives **(up to 100 words):**
- 11. Future plan based on expected outcomes (up to 100 words):**
- 12. Whether the study is going to generate new intellectual property or will be in conflict with the existing one? Please provide details**
- 13. Timelines with achievable targets: GANTT/ PERT chart to be provided.**
- 14. Details about research governance:** This includes, but is not limited to the following: Roles and responsibilities of leadership such as the lead investigators, other investigators, MRU nodal officer, Dean/Principal and relevant senior faculty of host medical college; administrative and financial processes involved in project management including availability of academic research department, if any; institutional support in terms of resources, space, etc., provided to MRU; any institutional policy/documents related to biomedical research, ethical review process; mechanisms for protection of human research participants; institutional capacity building of staff in conducting biomedical research.
- 15. Plan for research data management**
- 16. Plan for collaborations with other institutions that include roles of collaborating institutions and justification for their involvement**