



# अखिल भारतीय आयुर्वेद संस्थान

## ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मन्त्रालय, भारत सरकार के अन्तर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

### AYURINFORMATICS LABORATORY

#### ALL INDIA INSTITUTE OF AYURVEDA, NEW DELHI

#### Application Format to Conduct Research in Ayurinformatics Lab (for External Investigators)

- Full Name of the Applicant \_\_\_\_\_
- Father's Name \_\_\_\_\_
- Institutional Affiliation:
  - Name of the Institution or Organization. \_\_\_\_\_
  - Address of the Institution. \_\_\_\_\_
- Designation/Title:
  - Current academic or professional role. \_\_\_\_\_
- Contact Details:
  - Email address. \_\_\_\_\_
  - Phone number. \_\_\_\_\_
  - Mailing address. \_\_\_\_\_
- Investigators Details (if any):

Names, designations, and affiliations of Investigators with Email and Mobile No.

Sl. No	Name	Designation	Affiliation	Email	Mobile No.	Investigator/coinvestigator

गौतम पुरी, मथुरा रोड, सरिता विहार, नई दिल्ली -110076

Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076

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### Support Requested from Lab (Tick the Relevant Column)

TRAINING	<input type="checkbox"/>
INTERNSHIP	<input type="checkbox"/>
Technical (e.g., guidance on specific techniques).	
Database Mining	<input type="checkbox"/>
Network Pharmacology	<input type="checkbox"/>
Molecular Docking	<input type="checkbox"/>
Molecular Dynamics	<input type="checkbox"/>
MMBG	<input type="checkbox"/>
PCA	<input type="checkbox"/>
HOMO LUMO	<input type="checkbox"/>
Protein Vectoring	<input type="checkbox"/>
Free energy Analysis	<input type="checkbox"/>
Result Analysis	<input type="checkbox"/>
Others (Please Specify)	

### Research Proposal Summary

- **Title of the Research Project**

- **Abstract (250–300 words):**

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**Attach a copy of detailed research proposal.**

**Whether you have granted/received any funding from any agency/ Institution (Yes/ No)**

**If Yes, please specify FUNDING AGENCY** \_\_\_\_\_

**AMOUNT** \_\_\_\_\_

**Requested Timeline** (Month-wise breakdown of milestones and activities)

### Annexure A-

**Applicant's/ Guide Research Experience (Attach C. V)**

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### No Objection Certificate (NOC)

[Institution/Organization Letterhead]

**Date:**

**To,**

The Director,

AIIA, New Delhi

**Subject: No Objection Certificate for Conducting Research in Ayurinformatics Lab**

**Dear Sir/Madam,**

This is to certify that \_\_\_\_\_ currently designated as \_\_\_\_\_ and affiliated with \_\_\_\_\_ [Name of the Institution/Organization], is hereby granted a No Objection Certificate (NOC) to conduct research in your esteemed Ayurinformatics laboratory, All India Institute of Ayurveda, New Delhi.

The investigator is proposing to undertake research titled " \_\_\_\_\_ [Title of the Research Proposal]", which aligns with their area of expertise and academic objectives. We have no objection to the investigator attending lab for the said research, subject to the following conditions:

1. The investigator shall comply with all the rules, regulations, and ethical guidelines set by your lab.
2. The investigator shall ensure acknowledgment of **Ayurinformatics Laboratory, AIIA, New Delhi** in any publications or outputs resulting from this collaboration.
3. The investigator shall provide periodic updates about the progress of the research, as required by both the Ayurinformatics laboratory, AIIA, New Delhi and \_\_\_\_\_
4. Additionally, we confirm that:
  - The investigator will continue to remain an employee/student of \_\_\_\_\_ (Name of Institution/Organization) during the research period.
  - The investigator will be solely responsible for adhering to any agreements, protocols, or intellectual property rights associated with the research.

**Sincerely,**

[Name of Competent Authority] \_\_\_\_\_

[Designation of Competent Authority] \_\_\_\_\_

[Name of Institution/Organization] \_\_\_\_\_

[Address] \_\_\_\_\_

[Phone Number] \_\_\_\_\_

[Email Address] \_\_\_\_\_

**Official Seal/Stamp of the Institution**

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