



NCRSH CHECKLIST

[To accompany research proposals submitted to the committee for review]

Note: Before submitting a research proposal to the Committee, an applicant must complete the following checklist by ticking each item in the box. Do not submit the proposal, unless you have provided a tick in all the boxes. Incomplete submissions will not be processed.

TITLE OF PROPOSAL:

PRINCIPAL INVESTIGATOR:

I declare that the following items are included in this submission;

- | | |
|---|------------------------------|
| 1. Covering letter of introduction from the investigator | [<input type="checkbox"/>] |
| 2. Two (2) hard copies of the study proposal prepared and bound in the required NCRSH format appearing in the Framework of Guidelines for Research in the Social Sciences and Humanities. | [<input type="checkbox"/>] |
| 3. A soft copy of the proposal with all the required information as specified below; | [<input type="checkbox"/>] |
| Proposal Title (on cover page) | [<input type="checkbox"/>] |
| Names of Investigators and their Qualifications | [<input type="checkbox"/>] |
| Institution of affiliation(local or international) | [<input type="checkbox"/>] |
| Introduction/Literature review | [<input type="checkbox"/>] |
| Problem statement/Justification | [<input type="checkbox"/>] |
| Main and Specific Objectives | [<input type="checkbox"/>] |
| Description of Methodology/Materials and Methods | [<input type="checkbox"/>] |
| • Study design | [<input type="checkbox"/>] |
| • Study sites/locations | [<input type="checkbox"/>] |
| • Study participants | [<input type="checkbox"/>] |
| • Study period | [<input type="checkbox"/>] |
| • Sampling methods | [<input type="checkbox"/>] |
| • Sample size | [<input type="checkbox"/>] |
| • Data collection instruments | [<input type="checkbox"/>] |
| • Data management methods | [<input type="checkbox"/>] |
| • Data analysis method | [<input type="checkbox"/>] |
| Research dissemination strategy | [<input type="checkbox"/>] |
| Ethics | [<input type="checkbox"/>] |
| • Risks and strategies for obviating them to enhance protection of rights and welfare of study participants | [<input type="checkbox"/>] |
| • Informed consent form/sheet/assent in English and/or | [<input type="checkbox"/>] |

Executive Committee: *Dr Peter Mvula (Chairperson), Dr Jubilee Tizifa (Vice-Chairperson)*
NCRSH was established by the National Commission for Science and Technology under section 11 of the S&T Act No.16 of 2003

Regulatory Checklist Version 3.0, Dated 1st February, 2017

- | | |
|---|-----|
| translated into an appropriate local language containing standard elements of an informed consent form/sheet/assent | [] |
| Work plan (including roles of collaborators clearly defined) | [] |
| Budget (<i>that include a 10% research compliance and capacity building fee when study is approved</i>) | [] |
| Budget justification | [] |
| Bibliography | [] |
| 4. Data collection instruments translated into appropriate local language and referred to in the annex | [] |
| 5. Letter(s) of permission of entry/support from relevant DHO/Head of Health Facility, if the study is going to be conducted in a health facility | [] |
| 6. Letter of approval from foreign ethics committee (for all studying in foreign universities) | [] |
| 7. Application/Processing fee of U\$ 150 or its MKW equivalent | [] |
| 8. Curriculum vitae (CVs) for all the investigators (in annex) | [] |

NOTE: Payment of the stipulated fees shall be in accordance with the procedure indicated in NCRSH SOP NO.10 that appears on the NCST website. Only direct bank deposit/wire transfer into any of the following applicable institutional accounts is the acceptable mode of payment;

❖ **For payments made within Malawi in Malawi Kwacha equivalent;**

- Name of Account: NCST Review Fees
- Account Number: 1001670847
- Bank Name : National Bank of Malawi
- Branch: Capital City
- City: Lilongwe
- Country: Malawi
- Swift Code; NBMAMWMW008

❖ **For Payments made from outside Malawi;**

- Name of Account: NCST-Projects Account FCDA
- Account Number: 1000413198
- Bank Name : National Bank of Malawi
- Branch: Capital City
- City: Lilongwe
- Country: Malawi
- Swift Code; NBMAMWMW008

NOTE: Wire transfer payments/deposits shall be made in the FCDA status.

SIGNATURE: _____ NAME (PRINT) _____ DATE: _____