

Research Policy Manual



NARAYANA MEDICAL COLLEGE

Chintareddy Palem, Nellore,
Chintareddipalem, Andhra Pradesh 524003

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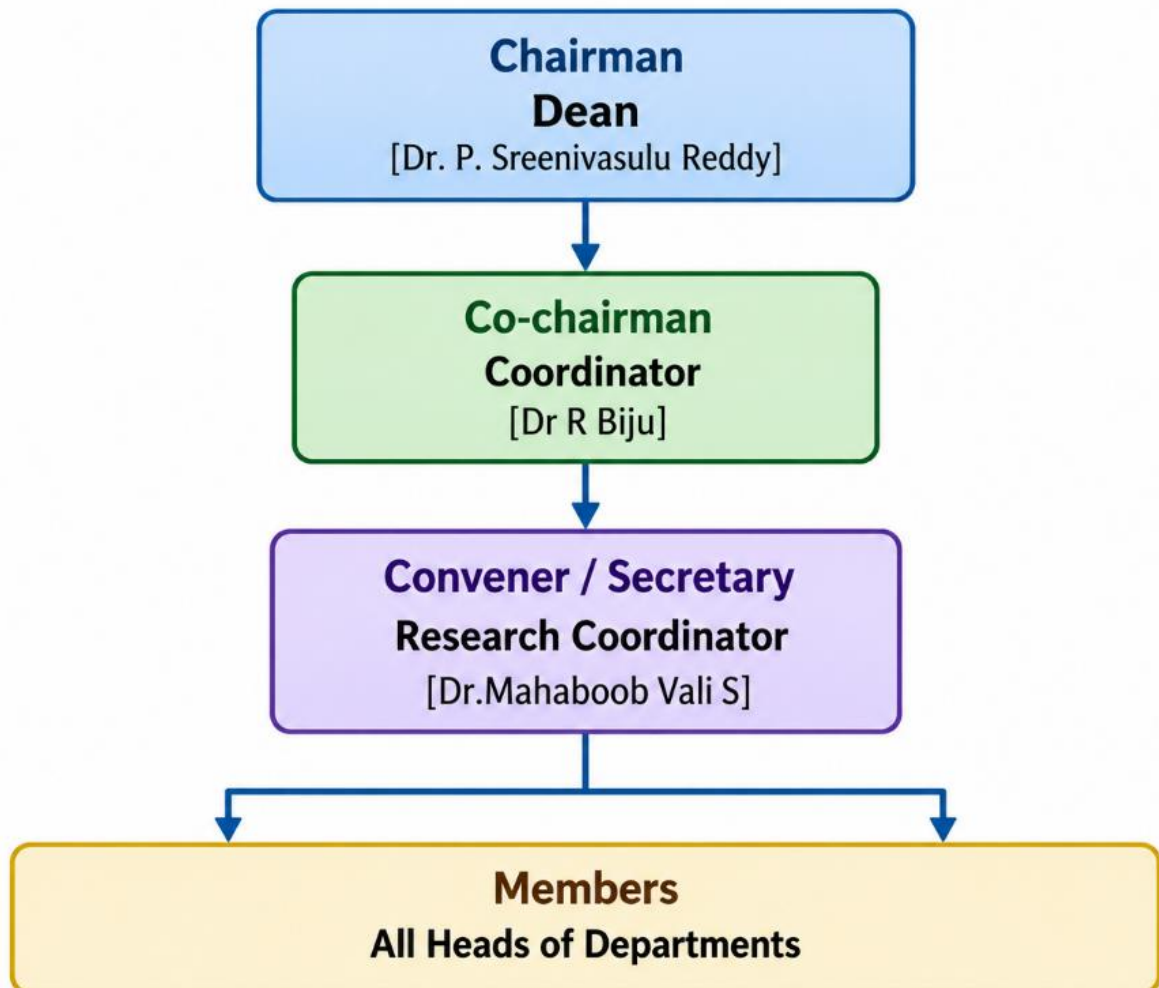
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Narayana Medical College, Nellore, A.P

Research Committee / Research Administration



1. Preamble:

Narayana Medical College (NMC) is committed to improving community and patient health through high-quality research in lifestyle diseases, infectious diseases, cancer, and other priority health areas. The Institution recognises research, generation of evidence, and advancement of knowledge as essential components of academic and healthcare excellence. NMC promotes a vibrant research environment that encourages innovation, scientific integrity, ethical conduct, and the translation of research findings into effective and cost-effective healthcare practices.

Research and Development (R&D) activities promote knowledge generation, innovation, interdisciplinary collaboration, and continuous improvement in medical education, healthcare, and professional practice. Research also strengthens academic excellence through quality publications, research infrastructure, collaborations, and translation of scientific findings into clinical and public health practice. Recognizing the importance of research and innovation, NMC is committed to fostering a responsible, ethical, collaborative, and productive research environment. Accordingly, this Research Policy is established to provide a framework for the conduct and promotion of research at the Institution.

2. Objectives:

The purpose of this Research Policy is to promote a vibrant, ethical, and productive research culture among the faculty, researchers, students, Principal Investigators (PIs), Co-Investigators, and research personnel of Narayana Medical College (NMC).

The Policy provides a framework and guiding principles for the planning, conduct, management, administration, funding, and dissemination of sponsored, investigator-initiated, and academic research.

The objectives of the Research Policy are to:

1. Promote confidence, motivation, and research capacity among faculty, researchers, and students.
2. Encourage high-quality, ethical, and impactful research and publication in reputed journals.
3. Provide research support through seed grants, financial incentives, training, infrastructure, and other resources.
4. Facilitate participation in national and international conferences, seminars, workshops, and other scientific forums.
5. Promote collaborative, interdisciplinary, and translational research.
6. Strengthen research capacity through infrastructure, equipment, funding, and research methodology and ethics training.
7. Encourage faculty and students to undertake short- and long-term research projects and disseminate their findings through appropriate scientific platforms.
8. Encourage applications for national and international external research funding and maintain a database of funding agencies and funding opportunities.
9. Promote regular interaction among disciplines to develop interdisciplinary research skills and collaborations.

10. Ensure appropriate ethical review and monitoring of research activities.
11. Identify and responsibly promote innovative clinical, educational, and teaching–learning practices.
12. Strengthen awareness of regional, national, and international research developments and opportunities.

3. Scope of these Policies

This Research Policy applies to all academic departments, clinical units, faculty, staff, students, researchers, and other personnel involved in research activities at Narayana Medical College (NMC), including sponsored, investigator-initiated, and academic research.

The Policy covers all the research activities related to:

1. **Pre-clinical departments** of Narayana Medical College.
2. **Para-clinical departments** of Narayana Medical College.
3. **Clinical departments**, including broad-specialty departments.
4. **Clinical departments**, including super-specialty departments.

The Policy is applicable to:

- a. All permanent and temporary staff involved in teaching, research, administration, or research-related support activities.
- b. All students undertaking or participating in research at NMC.
- c. All mentors, research guides, external experts, collaborators, and sponsors associated with research activities at NMC.

4. Support towards Research.

Narayana Medical College (NMC) shall establish a **Research Promotion Grant Fund** each academic year to support and promote research activities. The Fund may provide support for:

- Seed money for research projects.
- Long-term research projects.
- Participation in national and international conferences.
- Participation in research-oriented seminars and workshops.
- Hiring of research personnel, including Research Assistants and Research Associates.
- Publication incentives for quality research papers.
- Editorial, article processing, and journal-related fees for eligible quality journals.

Seed Money Research Support.

NMC may provide **seed money up to ₹50,000/- per project** to eligible faculty members for research projects intended to generate quality research outputs and publications in recognized/high-impact journals.

Eligibility and Conditions

- The applicant shall be a **confirmed regular employee of NMC** with at least **two years of continuous service**.
- Applications shall be evaluated and shortlisted by the **Research & Development Advisory Committee** based on scientific merit, feasibility, institutional relevance, and availability of funds.
- Preference may be given to faculty with a demonstrated record of publications in **Scopus/PubMed-indexed journals**.
- Seed support shall be subject to the **annual budgetary provision** of NMC.
- A **Project Completion Report (PCR)** shall be submitted before applying for seed support for another project.
- Research findings shall be submitted for publication within the **subsequent academic year**, wherever applicable.
- Utilization of the grant shall be assessed based on project completion, research outputs, and dissemination/publication of findings.
- Research outputs arising from NMC-funded seed support shall appropriately acknowledge NMC. Intellectual property and publication rights shall be governed by applicable **NMC institutional policies and agreements**.

Long-Term Research Project Fund

NMC shall encourage **senior faculty members, particularly Associate Professors and above**, to undertake research projects aligned with the Institution's vision, mission, and priority research areas. A limited number of projects may be supported each academic year.

A maximum grant of **₹1,00,000/- per project per academic year** may be provided to the selected faculty members based on research background, subject to availability of funds and approval by the competent authority.

Eligibility and Utilization

- The applicant shall be an **Associate Professor or above**, confirmed regular employee of NMC, with at least **three years of continuous service at NMC**.
- Projects shall be evaluated and shortlisted by the **Research & Development Advisory Committee** based on scientific merit, feasibility, institutional relevance, expected outcomes, and availability of funds.
- Final approval shall be obtained from the **competent authority**.
- Preference may be given to faculty with prior publications in recognized/indexed journals.
- The grant may be utilized for approved research-related expenses, including **publication charges, travel, books and journals, communication, software, research consumables, and engagement of research personnel**, subject to institutional financial rules.
- The project shall normally be completed within **two years or less**.
- Further institutional financial support shall be subject to satisfactory progress and submission of the required reports and outputs.

Commitment and Research Output

Faculty receiving institutional research support shall:

- Conduct the project in accordance with approved **scientific, ethical, and regulatory requirements**.
- Submit a **Project Completion Report (PCR)** within six months of completion of the project.
- Disseminate research findings through publication in recognized/indexed journals or other appropriate scientific forums.
- Wherever applicable, pursue **external research grants, consultancy opportunities, technology transfer, or translation of research findings into practice**.

Utilization and outcomes of the Long-Term Research Project Fund shall be reviewed based on project completion, publications, generation of external research funding, consultancy, intellectual property, or other measurable research outputs.

Application Procedure for Research Grants, Projects and Incentives

- Eligible faculty members shall submit the prescribed application, project proposal, supporting documents, and required evidence through the Dean to the Research Coordinator (Research & Development).
- The Office of the Research Coordinator shall scrutinize the applications and place eligible proposals before the Research & Development Advisory Committee for evaluation and recommendation.
- Recommended proposals shall be submitted to the competent authority for approval, subject to institutional rules and availability of funds.
- On completion of a funded research project, the Principal Investigator (PI) shall submit the Project Completion Report, research findings, publications, and other relevant outputs to the Office of the Research Coordinator for record, monitoring, and review.
- Release and utilization of funds shall be subject to approved budget provisions,

institutional financial procedures, and applicable sponsor requirements.

5. Incentives and Awards for Research Publications

NMC shall implement an Incentive and Awards Policy for Research and Publications to encourage faculty and students to undertake high-quality research and disseminate findings through recognized and reputed journals and scientific forums.

Eligibility, incentive amounts, publication categories, and award criteria shall be governed by the applicable NMC Research Incentive and Awards Guidelines, as approved by the competent authority.

6. Policy Review

The NMC Research Policy shall be reviewed periodically to ensure continued relevance, effectiveness, and alignment with prevailing scientific, ethical, regulatory, academic, and institutional requirements. Amendments or revisions to the Policy may be proposed by the Research & Development Advisory Committee and shall become effective upon approval by the competent authority.

7. Policy on Incentive and Awards for Research and Publication

Narayana Medical College (NMC) has established this policy to promote and strengthen research activities among faculty members and students and to recognize quality research outputs.

Rationale

NMC aims to enhance research performance and encourage meaningful research activities across its departments. The Research Incentive Scheme provides institutional support and recognition for research activities and quality research outputs, including publications, presentations, and other scholarly contributions.

Incentive for publication

Category Type of Publication	Category	Research funding support for open access Publication
A). <u>International Publication</u> in Peer Reviewed Indexed Journal from faculty of Narayana Medical College		
Original Article	Scopus / PubMed	Actual or Rs.20,000/-whichever is less
	Other Index [NMC]	Actual or Rs.10,000/-whichever is less
Meta-Analyses/ Systematic Reviews	Scopus / PubMed	Actual or Rs. 6,000/-whichever is less
	Other Index [NMC]	Actual or Rs.4,000/-whichever is less

B). <u>National / Publication</u> in Peer Reviewed Indexed Journal from faculty of Narayana Medical College		
Original Article	Scopus / PubMed	Actual or Rs.10,000/-whichever is less
	Other Index [NMC]	Actual or Rs.6,000/-whichever is less

Meta-Analyses/ Systematic Reviews	Scopus / PubMed	Actual or Rs.4,000/-whichever is less
	Other Index[NMC]	Actual or Rs.2,000/-whichever is less

Faculty Recognition Incentives:

Category	Points	Incentives
Citation Index	< 50	Rs.1000/-
	51-100	Rs.2000/-
	101-200	Rs.3000/-
	201- 400	Rs.4000/-
	More than 400	Rs.10000/-
h-index	1 to 5	Rs.2000/-
	6-10	Rs.4000/-
	11-20	Rs.6000/-
	21- 50	Rs.8000/-
	More than 50	Rs.20000/-
i 10 Index	1 to 5	Rs.500/-
	6-10	Rs.1000/-
	11-20	Rs.1500/-
	21- 50	Rs.2000/-
	More than 50	Rs.5000/-

Faculty Research Metrics – Scoring and Weightage

NMC shall assess faculty research performance annually using a 100-point weighted scoring system.

Research Metric	Weightage	Key Indicators
Publications & Quality	30	Indexed publications, journal quality, Impact Factor
Research Funding & Projects	20	External/institutional grants, funded and completed projects
Research Impact	15	Citations, h-index and other recognized bibliometric indicators
Intellectual Property	10	Patents, copyrights, technology transfer
Student Research & Mentorship	10	UG/PG projects, dissertations, student publications
Research Collaboration & Dissemination	10	Collaborations, conference presentations, invited research lectures
Research Recognition & Capacity Building	5	Awards, fellowships, reviewer/editorial roles, research training
Total	100	

Scoring:

- Each metric shall be scored against defined annual targets and verified outputs.
- Points shall be awarded proportionately for eligible research outputs, subject to the maximum weight assigned to each metric.

- Only verifiable and documented research outputs shall be considered.
- The Research Coordinator (Research & Development) shall compile the annual scores, which shall be reviewed by the Research & Development Advisory Committee.

Additional Incentive Based on Journal Impact Factor

NMC provide additional publication incentives to the eligible faculty members for research articles published in peer-reviewed, indexed journals, based on the verified **Journal Impact Factor (JIF)** of the journal. The incentive shall be subject to institutional approval, availability of funds, and compliance with NMC research policies.

Journal Impact Factor	Original Article – Maximum Incentive	Systematic Review/Meta-analysis – Maximum Incentive	Case Series – Maximum Incentive
0.1 to < 2.0	₹5,000	₹3,000	₹2,000
2.0–4.99	₹10,000	₹6,000	₹4,000
5.0–9.99	₹20,000	₹12,000	₹8,000
10.0–14.99	₹30,000	₹18,000	₹12,000
≥ 15.0	₹50,000	₹30,000	₹20,000

The Impact Factor shall be considered based on the latest available Journal Impact Factor from an authoritative source, such as the **Journal Citation Reports (Clarivate)**, at the time of application.

Eligibility and Conditions

- The applicant shall be a regular faculty member of NMC and shall be an author/co-author of the publication.
- The NMC institutional affiliation shall be correctly mentioned in the published article.
- The journal shall be peer-reviewed and appropriately indexed, and its indexing status shall be verified by the Research & Development Office.
- Predatory, cloned, hijacked, or otherwise non-recognized journals shall not be eligible.
- The same publication shall not receive duplicate institutional reimbursement under another NMC scheme.
- Applications shall be submitted with the published article, journal details, indexing evidence, invoice/receipt, and proof of payment, as applicable.
- Approval shall be subject to availability of funds and the recommendation of the Research & Development Advisory Committee.
- In case of multiple NMC authors, the publication incentive shall be shared among eligible NMC authors or regulated as per the applicable institutional guidelines.
- All publications arising from research conducted at NMC shall appropriately acknowledge the **NMC** and, wherever applicable, the source of institutional research funding or seed support.
- The publication incentive shall be considered **once for each eligible publication**. The same article shall not be eligible for more than one publication incentive under this Policy.

Faculty Incentives for Projects:

Faculty members serving as Principal Investigators (PI) or Co-Principal Investigators (Co-PI) in approved research projects may be eligible for the following institutional privileges and incentives, subject to applicable rules and approval by the competent authority.

Category	Paid leave to attend meetings for Principal Investigator (PI) or Co-Investigator (CI) Maximum per project per year	PI Privileges	Incentives for PI & CI on completion of project		
Projects with funding from International agencies	12	100 % of Investigator fee	Project value < 50 Lakhs	Project value > 50 Lakhs	
			Bonus of 1 month salary	Bonus of 2 month salary	
Project with funding from National / State Agencies	12	100 % of Investigator fee	Project value < 10 Lakhs	>10 Less than 25 Lakhs	> 25 Lakhs
			Rs. 10,000/-	Rs. 15,000/-	Rs. 20,000/-
Project funded from institute	2	Not Applicable	Not Applicable		

General Conditions

Paid leave shall be granted for approved research-related meetings, investigator meetings, training, monitoring visits, or other activities directly related to the funded project.

Incentives shall be applicable only to projects formally approved and administered through the Institution.

Investigator fees shall be utilized and disbursed in accordance with the approved project budget and applicable sponsor and institutional financial rules.

Project-completion incentives shall be considered only after satisfactory completion of the project and submission of the required Project Completion Report (PCR) and financial/utilization documents.

For projects involving multiple PIs/Co-PIs, the distribution of incentives, wherever applicable, shall be determined according to the approved project roles, contribution, sponsor provisions, and institutional rules.

All incentives and privileges shall be subject to availability of funds, applicable statutory requirements, sponsor conditions, and approval of the competent authority.

Paper Presentation in Conferences: Criteria for availing incentives:

- Faculty members may avail conference incentives subject to the following criteria:
- The faculty member shall present a paper or poster at the conference.
- Incentive support shall be limited to one conference per academic year.
- 50% of the registration fee, subject to a maximum of ₹10,000/- per year, shall be reimbursed.
- Heads of Departments may avail 50% of the registration fee, subject to a maximum of ₹10,000/-, for attending one conference in India once every five years without presenting a paper/poster.
- Reimbursement shall be made upon submission of the certificate of

attendance/presentation and the original registration fee receipt.

Project leading to Patent

The Principal Investigator of a research project resulting in a patent shall be eligible for a **cash award of ₹10,000/- along with a certificate**, subject to institutional verification.

Incentives for Postgraduate and Undergraduate Students

- a) Eligible students may receive:
- b) ₹1,000/- for an international publication and ₹500/- for a national publication in a recognized indexed journal, when the student is the first author.
- c) ₹1,000/- for an international research project and ₹500/- for a national research project undertaken as Principal Investigator with external funding. For postgraduate students, the project shall be distinct from and not a duplication of the dissertation.
- d) ₹1,000/- for receiving a Best Paper/Poster Award.

Recognition for Faculties Getting International Research award:

A faculty member receiving a recognized international research award for outstanding research or innovation shall receive **₹25,000/- and a certificate**.

Recognition for Faculty Getting National Research award

A faculty member receiving a recognized national research award for outstanding research or innovation shall receive **₹15,000/- and a certificate**.

Recognition for Faculties getting any regional or other award recognized by Institute

A faculty member receiving a regional or other research award recognized by NMC for outstanding research or innovation shall receive **₹5,000/- and a certificate**.

Budding Researcher Award

NMC may confer the **Budding Researcher Award** annually on one undergraduate or postgraduate student for outstanding research performance.

The award shall comprise a **certificate and cash prize of ₹5,000/-** upon completion of the research project.

Eligibility:

- Age should not exceed **30 years**.
- At least **one research paper** published in a national or international recognized/indexed journal as first author.
- At least **one externally funded research project** as Principal Investigator, excluding the dissertation project.
- A student invited to present a research paper may receive an additional incentive of **₹1,000/-**, subject to applicable institutional rules.

Young Researcher Award

NMC may confer the **Young Researcher Award** annually to a young researcher for outstanding research performance.

The award shall comprise a **certificate and cash prize of ₹10,000/-**.

Eligibility:

- Age should not exceed 40 years.
- Should not be above the level of Associate Professor.
- At least three research papers in recognized/indexed national or international journals as first author.
- At least two externally funded research projects as Principal Investigator

Best Researcher Award

NMC may confer the Best Researcher Award annually in recognition of outstanding research performance. The award shall comprise a certificate and cash prize of ₹20,000/-.

Eligibility:

- At least three international publications and five national publications in indexed journals.
- At least three externally funded research projects as Principal Investigator

Incentives for organizing Research Conference of the students/by the students.

Student Research Conference

Financial assistance shall be provided for **student-organized research conferences**, conducted annually by inviting experts from outside the institution, subject to prior approval of the competent authority.

College/Department-Level Conferences

- **International-level Conference:** Institute sponsorship of ₹50000/- per conference to the concerned Department.
- **National/State-level Conference:** Institute sponsorship of ₹25,000/- per conference to the concerned Department.

Seminars / ToT / CME / Guest Lectures / Workshops / FDP / Symposium

The Institute shall provide financial assistance of ₹20,000/- **per programme**, subject to a maximum of five programmes per academic year per constituent Department, for organizing:

- Seminar
- Training of Trainers (ToT)
- Continuing Medical Education (CME)
- Guest Lecture
- Workshop
- Faculty Development Programme (FDP)
- Symposium

Book/ Book Chapter/Monograph

Both e-books and hard-copy books are eligible for research incentives. Pocket books, booklets, and books containing fewer than 20 pages shall not be eligible.

Category	Maximum One-Time Incentive
Book (Reference/Text) – International Publisher, with ISBN	₹30,000/-
Book (Reference/Text) – National Publisher, with ISBN	₹20,000/-
Book (Reference/Text) – Local/Regional Publisher, with ISBN	₹15,000/-
Chapter/Monograph – International Publisher, with ISBN	₹10,000/-
Chapter/Monograph – National Publisher, with ISBN	₹8,000/-

I. For each Book (Reference or Text) authored/edited singly or jointly and published by International Publisher (McGraw Hills, Tayler Francis, Springer, Elsevier, CBS Publisher etc. or Apex bodies/Societies with ISBN (International Standard Book Number), the Authors/Editors will be given one-time incentive maximum of Rs. 30,000/-

II. For each Book (Reference or Text) authored/edited singly or jointly and published by National Publisher (McGraw Hills India, JP publisher, Springer India, Elsevier India, CBS Publisher etc., the Authors/Editors will be given one-time incentive maximum of Rs. 20,000/-

III. For each Book (Reference or Text) authored/edited singly or jointly and published by Local/ Regional Publisher, the Authors/Editors will be given one-time incentive maximum of Rs. 15,000/-

IV. For each “Chapter/ monograph” in Book published by International Publisher with ISBN, the Author/s will be given one-time incentive maximum of Rs. 10,000/-

V. For each “Chapter/monograph” in Book published by National Publisher with ISBN, the author/s will be given one-time incentive maximum of Rs. 8,000/-

VI. The incentive shall be applicable to single or joint Authors/Editors

Patent Granted:

International Patent: Maximum incentive of ₹50,000/- for a successfully granted international patent.

Indian Patent: Maximum incentive of ₹25,000/- for a successfully granted Indian patent.

Multiple Investigators/Inventors: Where more than one investigator/inventor is involved, the incentive shall be distributed as decided by the Research Advisory Committee, based on their contribution.

Note: All research proposal project/claiming of incentives/conducting research activities/conducting CME/ToT etc., must submit to The R&D for further actions through institutional Peer Review Committee or Institutional Research Committee.

7. General Research Guidelines

Administration of Research Grants

All research grants shall be administered by **NMC** in accordance with applicable **NMC guidelines, funding-agency requirements, and statutory regulations.**

The **Research & Development/Grants Office** shall coordinate grant-related administrative, contractual, financial, and legal processes in consultation with the **Dean's Office, Finance/Accounts, and Legal Office**.

7.1. Receipts and Payments

Research-related receipts may include:

1. Research project grants, including industry-sponsored clinical trials;
2. Endowments; and
3. Philanthropic grants.

All receipts shall be supported by the relevant sanction/award letter, agreements, and regulatory/ethical approvals, as applicable.

- **Domestic grants:** Received through Cheque/DD/RTGS/NEFT into the designated NMC account.
- **International grants:** Received through permitted banking channels into the designated account in compliance with FCRA and applicable regulations.

All receipts and expenditures shall be properly recorded and accounted for by the Finance/Accounts Department.

7.2. Institutional Overheads

Institute deducts 15% of the total grant as overhead charges for all the research projects and 20% for Industry sponsored Research except Government Grants/ Specific Federal Funded Grants (where the overhead will be the maximum permissible by the funding agencies). The management reserves the right to revise the Institutional overheads from time to time and based on Institutional requirements.

Overhead charges shall be applicable to funded research projects to support institutional infrastructure, administrative services, utilities, and other indirect costs associated with the conduct and management of research.

Type of Research	Overhead Charges
Biomedical/Health-Related Research	15% of the Total Project Budget
Clinical Trials	20% of the Total Project Budget

7.3. General Conditions

1. Overhead charges shall be calculated on the total approved project budget, subject to the terms and conditions of the funding agency/sponsor.
2. The applicable overhead shall be incorporated into the project budget at the time of proposal submission, wherever permitted by the funding agency.
3. Overhead charges shall be retained by the Institution and utilized for institutional research infrastructure, administrative support, utilities, maintenance, and other research-related institutional requirements.
4. Where the funding agency specifies a different ceiling or rate for overhead charges, the sponsor's approved terms and conditions shall prevail.

5. The Principal Investigator shall ensure that the applicable overhead component is clearly indicated in the project proposal and budget.
6. The release and utilization of overhead charges shall be subject to institutional financial procedures and approval by the competent authority.

7.4. Research Budget and Approval

Investigators are requested to submit their budgets for approval to the Budget and Accounts section for review prior to grant application and submission.

For all receipts a budget document with line items for all potential expenses should be submitted along with the Agreement. The budget has to be adhered to strictly. In case where funding agency pays per patient, the Head of the Project/ Principal Investigator has to create and submit an internal budget for the same.

7.5. Purchases Guideline

All purchases for research projects will comply with the Purchase policy of NMC. The main objective of the purchase guideline is to safeguard assets, prevent and detect error and fraud and optimize the uses of resources.

7.6. Assets Management Guideline

The Assets Management guideline covers all fixed and intangible Assets owned by the Institute and Project. All assets procured through research projects will be maintained in an asset management electronic register.

7.7. Travel Guideline

This guideline document aims to explain the travel related parameters that must be adhered to. NMC adheres to Institute/Government/ Sponsors policies when processing travel reimbursement. Travel expenses must be reasonable and necessary, and travelers must always use the most cost-effective means of travel.

Purpose

- i. Workshop/Conference/Training/Meeting
- ii. Travel for Consultation
- iii. Travel for Deputation
- iv. Travel for Monitoring

7.8. Travel Advances

The purpose of the travel advance guideline is to allow Institute/project employees to receive advance funds to cover the cost of trip authorized by the Institute/project Official.

Exemptions

Travel performed as part of a project, which is sponsored by a grant, or Agreement is subject to such additional travel restrictions as may be imposed by the terms of the grant or Agreement. If Sponsor has more restrictive travel guideline, then the Sponsor guideline takes precedence.

7.9. Regulatory Approval Requirements:

NMC is committed to meeting all regulatory approvals prior to the conduct of any research. This includes

1. Approval of Institutional Ethics Committee (IEC).
2. Approval of Drug Controller General of India in case of Clinical Trials and Medical Devices (DCGI, CDSCO).
3. Approval of Health Ministry Screening Committee for all studies involving Indo – Foreign Collaboration
4. Approval of the Institute Bio-Safety Committee (IBSC) for any genetic and molecular studies.
5. Appropriate Material Transfer Agreement for the transfer of any biological Material outside the country
6. Registration prior to enrollment of all clinical trials in the national Clinical Trial Registry-India.
7. Any other regulatory procedures as required by the sponsor or regulatory authorities.

7.10. Intellectual Property (IP) and Commercialization

IP includes patents, copyrights, designs, software, prototypes, devices, biological materials, inventions, and other research outputs developed through NMC-supported research. IP shall belong to NMC, subject to applicable laws and agreements, when developed using substantial NMC resources, under employment/work-for-hire arrangements, within assigned duties, or formally assigned to NMC.

Revenue Sharing

Net Adjusted Income from commercialization of NIMS-owned IP shall be shared as follows:

Net Adjusted Income	Inventor(s)	NMC
Up to ₹5 crore	20%	80%
Above ₹5 crore	20%	80%

For multiple inventors, the inventor share shall be distributed according to documented contribution and approved by the Research & Development Advisory Committee. Net Adjusted Income means commercialization revenue received after applicable taxes, statutory charges, and approved direct commercialization expenses. All IP and commercialization activities shall comply with applicable laws, sponsor conditions, institutional policies, and competent authority approval.

8. Policy and Guidelines – Intra-Mural Research

Call for Research Proposals

NMC shall invite research proposals annually for intra-mural funding as per the schedule notified by the Management.

Submission

Proposals shall be submitted in the prescribed format given in Annexure I.

Shortlisting and Approval

Proposals shall be evaluated by a Screening Committee, with external experts co-opted where required, based on:

Parameter	Weightage
Alignment with NMC research priorities	10%
Significance and impact	30%
Innovation	10%
Scientific approach and feasibility	15%
Budget and cost-effectiveness	10%
Collaboration	10%
Institutional capacity building	10%
Overall quality	5%
Total	100%

Funding

- Only **one active seed project** shall normally be funded per research member.
- Additional support may be considered for successful projects and external funding opportunities.

Review

Funded projects shall be reviewed quarterly by the Review Committee against approved objectives, milestones, expenditure, and research outputs.

Completion and Dissemination

All research activities shall be documented. The PI shall submit the final report and research output to NMC, with one copy deposited in the NMC Library.

9. Policy and Guidelines – Extra-Mural Research

NMC encourages Research members to obtain extra-mural funding from government agencies, industry, trusts, academic institutions, and other funding bodies, in accordance with sponsor and institutional requirements.

Funding Opportunities

NMC shall identify and disseminate relevant external research funding opportunities to Research members.

Proposal Submission

Proposals shall be prepared and submitted according to the sponsor's guidelines and NMC requirements.

Review and Approval

Proposals shall be reviewed by the Screening Committee for scientific merit, feasibility, collaboration, and involvement of faculty/students. NMC shall provide reasonable support for proposal development and submission.

Project Team

Each project shall normally have at least two faculty members, including a designated PI. In case of PI departure, the co-investigator shall assume responsibility, subject to sponsor approval.

Funding and Monitoring

External funds shall be received in the name of Narayana Educational Society and administered through institutional financial procedures. Research progress shall be shared periodically through an institutional research forum.

Completion

All projects shall be properly documented, and the PI shall submit the final report and research output as required. A copy shall be deposited in the NMC Library.

10. Research Integrity Policy

Purpose and Scope

NMC is committed to the conduct of research in an ethical manner fulfilling all ethical responsibilities related to

1. Procedures and processes as laid down by the Institutional Ethics Committee, NMC
2. Compliance with existing ethical policies
 - i. Indian Council of Medical Research ethical policies for bio medical research on human participants
 - ii. Declaration of Helsinki
 - iii. Guidelines of the Catholic Church
 - iv. The Concordat – to support Research Integrity, UK
3. Ethical practices of investigators with regard to
 - i. Ethical oversight of the studies for which they are responsible
 - ii. Fair and ethical publication procedure

All research studies have to be mandatorily approved by the Independent Institutional Ethics Committee (IEC). In case of animal studies, review and approval by the Institute Animal Ethics Committee (IAEC) is required.

Policy Statement and Commitments:

1. NMC is committed to maintaining the highest standards of rigor and integrity in all aspects of research.
2. NMC is committed to ensuring that research is conducted according to appropriate ethical, legal and professional frameworks, obligations and standards.
3. NMC is committed to supporting a research environment that is underpinned by a culture of integrity and based on good governance, best practice, and support for the development of researchers.
4. NMC is committed to using transparent, robust, and fair processes to deal with allegations of research misconduct should they arise.
5. NMC is committed to working together to strengthen the integrity of research and to reviewing progress regularly and openly.

The complete document of Research Integrity developed by the Concordat Working Group is in the link below:

https://www.icmr.gov.in/icmrobject/uploads/Guidelines/1724844182_icmr_pripe2019.pdf

The ICMR Policy on Research Integrity and Publication Ethics is a reference document that guides our researchers

https://ethics.ncdirindia.org/ICMR_Ethical_Guidelines.aspx

11. Research Misconduct

Research misconduct refers to actions or behaviours that violate accepted standards of research integrity, ethics, and scholarship and may harm participants, undermine the research record, damage institutional credibility, or waste resources.

NMC recognizes academic freedom as fundamental to research excellence; however, researchers have the primary responsibility for maintaining research integrity. NMC and research funders also have a responsibility to provide appropriate oversight, reporting mechanisms, and fair procedures for addressing misconduct.

Research misconduct includes, but is not limited to:

- **Fabrication:** Making up data, results, or research outputs and presenting them as genuine.
- **Falsification:** Manipulating, altering, omitting, or misrepresenting research data or processes without legitimate justification.
- **Plagiarism:** Using another person's work, ideas, data, or words without appropriate acknowledgement.
- **Ethical, legal, or professional violations:** Including undisclosed conflicts of interest, inappropriate authorship, breach of confidentiality, absence or inadequacy of informed consent, misuse of personal data, or abuse of research participants or materials.
- **Publication misconduct:** Dishonest authorship, duplicate/redundant publication, or deliberate misrepresentation of research findings.
- **Misuse of research funds:** Unauthorized or inappropriate use of sanctioned research funds.

- **Improper handling of misconduct allegations:** Concealment of misconduct, failure to appropriately address credible allegations, or retaliation against good-faith whistleblowers.

This list is **not exhaustive**. Honest errors, genuine differences in scientific interpretation, and good-faith differences in research methodology do not constitute research misconduct.

11.1. Management of Allegations

- Allegations shall be handled through **confidential, fair, transparent, and timely institutional procedures**.
- The institution shall ensure that investigations are conducted by appropriately qualified and authorized persons, with due protection of the rights and interests of all parties.
- Researchers shall report suspected misconduct in good faith and cooperate with investigations.
- Good-faith whistleblowers shall be protected from retaliation.
- Where misconduct is established, appropriate corrective or disciplinary action may include correction of the research record, sanctions, and reporting to relevant regulatory, professional, funding, or statutory authorities, as applicable.
- Minor or inadvertent infractions without evidence of intent to deceive may be addressed through **education, mentoring, guidance, or corrective measures**, as appropriate.
- Funded projects shall comply with the sponsor's requirements for reporting and management of research misconduct.

11.2. Procedure for Reporting, Investigation and Resolution of Research Misconduct

Policy Structure and Action Plan

The procedure is structured to provide a fair, confidential, transparent, and time-bound mechanism for receiving, assessing, investigating, and resolving allegations of research misconduct, while safeguarding research integrity and the rights of the complainant and respondent.

Reporting of Alleged Misconduct

- Receive allegations from faculty, students, researchers, staff, participants, or other persons with reasonable grounds.
- Prefer written complaints submitted to the Dean or Research Coordinator with supporting evidence.
- Record the project/publication, persons concerned, nature of the allegation, and relevant evidence.
- Consider credible anonymous complaints where sufficient information is available.
- Protect good-faith complainants from retaliation or victimization.

Preliminary Assessment

- Determine whether the allegation falls within research misconduct.
- Assess whether sufficient information or evidence exists for further examination.
- Determine whether referral to another institutional or statutory authority is required.
- Recognize that honest errors and genuine differences in scientific interpretation or professional judgment do not, by themselves, constitute misconduct.
- Close unsupported matters with appropriate documentation or initiate a formal inquiry where a prima facie case exists.

Constitution of the Research Misconduct Inquiry Committee

- Constitute an independent committee with appropriate expertise.
- Include a Chairperson nominated by the Dean, Research Coordinator/Member Secretary, relevant subject expert(s), an independent senior faculty member, and where appropriate a statistician/research methodology expert and Ethics/IEC representative.
- Exclude persons having a conflict of interest with the complainant, respondent, project, or investigation.

Formal Investigation

- Examine allegations, research records, raw data, laboratory records, publications, correspondence, financial records, and other relevant material.
- Provide the respondent with the allegations and a reasonable opportunity to respond.
- Interview relevant persons where required.
- Maintain confidentiality throughout the investigation.
- Assess the evidence against applicable institutional standards and distinguish deliberate misconduct from honest error or reasonable scientific disagreement.

Interim Measures

- Where necessary, secure research records and data.
- Restrict access to affected research materials or systems where appropriate.
- Temporarily suspend a research activity where a demonstrable risk exists.
- Safeguard research participants and confidential information.
- Prevent destruction, alteration, or concealment of evidence.
- Ensure that interim measures are not treated as a finding of misconduct.

Investigation Report

- Document the allegation, scope and methodology of investigation, evidence reviewed, statements/responses, findings for each allegation, determination, and recommendations.
- Submit the report to the Dean for appropriate institutional action.

Decision and Corrective Action

- Determine action based on the findings and the nature and severity of established misconduct.
- Possible actions include warning/reprimand, correction or retraction of publication, correction of records, recovery or adjustment of improperly used funds, restriction or suspension of research privileges, additional research-integrity training, withdrawal/termination of institutional funding, disciplinary action, or referral to competent external authorities where required.
- Ensure corrective action is proportionate to the established misconduct.

Notification of Findings

- Inform the respondent in writing of the outcome and action taken, subject to confidentiality requirements.
- Where appropriate, inform the complainant that the matter has concluded without disclosing confidential personnel or disciplinary information.

Appeal

- Permit an appeal to the designated appellate authority within the period prescribed by NMC.
- Grounds may include significant procedural irregularity, material evidence not considered, conflict of interest, significant new evidence, or disproportionate/inconsistent institutional action.

- Communicate the appellate decision in writing, subject to applicable statutory or regulatory provisions.

Confidentiality and Record Keeping

- Maintain complaints, evidence, proceedings, reports, and decisions as confidential and accessible only to authorized persons.
- Securely maintain records for the period prescribed by NMC and applicable requirements.
- Disclose information to external authorities, funders, journals, or competent bodies only where required by law, regulation, funding conditions, or institutional policy.

Protection Against Retaliation and Malicious Complaints

- Protect individuals making allegations in good faith from retaliation or victimization.
- Address knowingly false, malicious, or deliberately fabricated allegations under applicable institutional disciplinary procedures.

Conflict of Interest

- Require all persons involved in assessment or investigation to disclose actual, potential, or perceived conflicts of interest.
- Require persons with a material conflict to recuse themselves from the relevant proceedings.

Principles Governing the Process

- Confidentiality
- Impartiality
- Natural Justice
- Evidence-based Assessment
- Presumption of Innocence
- Protection from Retaliation
- Timeliness
- Proportionality
- Research Integrity

12. Whistleblower Policy

Purpose and Scope

‘Whistleblowing’ is a term used to describe a disclosure alleging corruption, malpractice or wrongdoing on the part of another person within an organization. A whistle-blower is a person who exposes this.

Whistleblowing, however, tends to relate to matters concerning the organization, such as:

- A criminal offence
- An individual is failing to comply with their legal obligations
- A departure from agreed procedures relating to statutory or other requirements
- The health or safety of an individual has been, is being, or is likely to be endangered
- The environment has been, is being, or is likely to be damaged
- Research misconduct
- Any of the above has been, is being, or is likely to be deliberately concealed

NMC recognizes that academic freedom is the fundamental to the production of excellent research outcomes. The responsibility to ensure that no misconduct occurs lies within the individual researchers. However, both the employers, employees and sponsors of the research have an active role to play in sustaining research integrity.

Scope:

The Whistleblowing policy concerning with research conduct is applicable to all employees of NMC, namely,

1. Narayana Medical College –pre-clinical departments.
2. Narayana Medical College –para-clinical departments
3. Narayana Medical College –clinical includes Broad specialty departments
4. Narayana Medical College –clinical includes Super specialty departments

This policy applies to all categories of employees of the NMC involved in research, it includes permanent, temporary and contractual employees. This policy also applies to all students, researchers including visiting researchers, persons with honorary positions, conducting research within, or on behalf of, the NMC.

Commitment

NMC is committed to ensuring that all corruption, malpractice or wrongdoing on the part of another person within an organization including research misconduct is investigated thoroughly, fairly and expeditiously, and with care and sensitivity. To this end, the procedure for handling allegations of misconduct is separated into two stages.

- i. Firstly, an initial assessment to determine whether there is a prima facie case for an investigation, and
- ii. Secondly a formal investigation to examine and evaluate all the relevant facts, and to determine whether research misconduct has been committed.

Definitions:**I. Whistleblowing**

Whistleblowing is an act wherein a person exposes secretive information or activity within a private or public organization that is deemed illegal, unethical, or not correct.

II. Whistle-blower

A person who makes a whistleblowing disclosure

III. Respondent/s

An employee or employees against whom the whistle-blower has made a complaint.

IV. Employer

NMC or a Sponsored Research Project

V. Misconduct

Any allegations, corruption, malpractice or wrongdoing on the part of another person within an organization including research malpractices.

VI. Research Misconduct

Research misconduct refers to behavior or actions that violate the ethical and professional standards required to uphold research integrity. It includes fabrication, falsification, plagiarism, and failure to comply with applicable ethical, legal, and professional standards.

12.1. Reporting**What could be reported?**

An exhaustive list of misconduct or non-compliance matters may be reported, such as: -

- i. Corruption
- ii. Financial fraud
- iii. Conflict of interest
- iv. Misuse of research funds
- v. Health and safety issues
- vi. Anti-competitive strategies
- vii. Unethical research conduct
- viii. Breaching confidentiality of subject information
- ix. Harassment or discrimination
- x. Workplace violence
- xi. Any other practice which may be illegal or unlawful

12.2. Procedure:

1. Initial Allegation of misconduct

- Any member of NMC who believes that an act of misconduct has occurred or is occurring in relation to a research study or a research implementation or a research project should notify their respective Head of the Department. Where this is not possible because of the personal involvement of the Head of the Department, the matter should be raised directly with the Dean's Office, Narayana Medical College (NMC).
- The recipient of the report (Head of the Dept. or the Dean's Office) should undertake a preliminary assessment of the allegation received. Where he or she considers the matter to be of sufficient seriousness, the matter should be reported/forwarded as soon as possible to the Dean's Office, NMC. Where the individual raising the matter is dissatisfied with the conclusion reached by the Head of the department, he or she may raise the matter directly with the Dean's Office, NMC.
- Such complaints received in writing should mention the identity of the individual making the allegation and should be signed by the same.
- Complaints will be handled as per the applicable regulations/statutes of India and as per the Institutional policies.
- All possible steps will be taken by the Institution to ensure the anonymity of the individual reporting suspected misconduct until such time as it is decided that a formal investigation is warranted.
- Where a sponsor requires NMC to notify it of allegations of misconduct at the stage that it is decided to undertake an 'informal inquiry' or 'preliminary investigation', the Head of the Department should inform the Dean's Office, NMC that an initial assessment is being undertaken along with the name of the individual, the link to the funder and the nature of the allegation(s).

2. Assessment of whether a formal Investigation is required.

The Dean's Office, NMC shall assess whether the allegation should result in instant suspension or dismissal in accordance with the Institutional procedures, whether the matter can be resolved informally, or whether a formal investigation is warranted. Wherever necessary, the Dean's Office, NMC will consult senior faculty in this regard, in confidence, where it is determined that formal investigation is required.

The Dean's Office, NMC shall also ask the person making the allegation to submit in writing a

detailed statement in support of the allegation, along with evidence/s and statements where required. The respondent shall be entitled to seek appropriate advice before responding. The Dean's Office, NMC may also, at his or her discretion, choose to evaluate anonymous allegations, depending on the seriousness of the issues, the credibility, and the feasibility of confirming the allegation with credible sources.

3. Formal Investigation.

- If the allegation is subject to the law or would be subject to instant dismissal or suspension under the Institutional procedures, it should be dealt with through the appropriate mechanism. Otherwise, the Dean's Office, NMC shall request the Institute Ethics Committee to set up an independent inquiry and formal investigation into the allegation.
- The purpose of the formal investigation is to examine and evaluate all relevant facts related to the misconduct, and to determine whether the misconduct has been committed, and if so, the responsible person(s) and the seriousness of the misconduct.
- Where the Dean's Office, NMC has determined that a formal investigation is required, he or she shall notify appropriate persons including the Executive members and the Head of the Department that the Investigation is taking place. However, it is also essential to limit circulation of details of the allegation strictly to those who have a genuine interest, and to protect the identity of the whistle-blower and other individuals involved.
- The individual against whom the allegation is made (the respondent) shall be informed in writing by the IEC, of the allegations, and be invited to respond in writing and to produce further written statements or evidence in his or her defense.
- The IEC may: (a) examine the statements of the person making the allegation and the respondent (b) interview the respondent and any other parties it chooses (c) require the respondent - and if it judges it necessary, other members of the NMC - to produce files, notebooks and other records; (d) widen the scope of its investigation if it considers that necessary; (e) seek evidence from other parties.
- Where possible, the IEC shall complete its work within 60 days of its establishment and submit a report to the Dean's Office, NMC.
- The respondent shall be given copies of the report and evidence considered by the IEC. Care shall be taken to maintain the anonymity of the whistle-blower and key witnesses.

4. Appeal

The respondent and the whistle-blower shall have the right of appeal against the findings of the IEC for a final review. Any appeal must be addressed to the convenor of the IEC, NMC and normally lodged within 14 calendar days of the findings being made available to the respondent/whistle-blower for making the appeal. The appeal will be referred to two independent NMC faculty members who have not previously had a role in the case, and these individuals may take such action as deemed necessary. The IEC, will notify the respondent in writing of the outcome of the appeal to the Respondent, Whistle-blower, the IEC and to the Sponsor (if applicable). The decision of the Dean's Office shall be final.

5. Subsequent Action

If the IEC has found the allegation proven, in whole or in part, or proven to be false, and any

appeal has not been upheld, the findings of the Committee shall be reported to the Director, who shall determine/finalize the outcome.

6. Confidentiality

All members of the IEC and those assigned for record keeping, as well as any staff member questioned in relation to an issue at hand, are bound by the duty of confidentiality at all times and hold in confidence, all documentation and information exchanged in the process.

7. Amendment

NMC may amend/modify this policy in whole or part from time to time, with the approval of the Executive Committee Members, based on changes with the regulations or institutional policies

8. Retention of Documents

All the documents and testimonials in relation to complaint received and gathered during investigations shall be stored by the Dean's Office for a minimum period of five years.

9. Auditing

An annual internal audit will be conducted by a separate Audit Committee to prepare a report on the number of complaints received, results of the investigations and the action taken.

13. Human Research Protection Policy

Purpose and Scope

This policy will cover all types of research activities involving Human subjects, both funded and non-funded and will also include undergraduate student projects, post graduate dissertations and postdoctoral thesis works.

The Research at NMC is extensive and broad in the scope and nature of its activities, including biomedical, behavioral, social science, and epidemiological research, as well as studies in the area of health services. Subjects may include healthy volunteers as well as patients and other individuals who may be considered vulnerable due to medical, cognitive, emotional, economical, educational, age, or other factors. Although much of the research is conducted in the Nellore area and on NMC, faculty members may also actively mentor research at other sites both domestic and international. Furthermore, many NMC faculty members collaborate on projects with investigators at other institutions.

Definition of research:

CDSCO defines a clinical trial as follows;

A systematic study of pharmaceutical products on human subjects – (whether patients or non-patient volunteers) – in order to discover or verify the clinical, pharmacological (including pharmacodynamics / pharmacokinetics), and / or adverse effects, with the object of determining their safety and / or efficacy.

The IEC of NMC also reviews Quality assurance and public health projects although the

reference quoted does not consider it as “research”. Classroom projects that have the sole purpose to teach research methods to students are not reviewed by the IEC. Case studies of single patients do not fit the definition of a systematic investigation and therefore, do not require review by the IEC.

Definition of human subjects:

CDSCO defines a study subject as follows:

A Study Subject may be a healthy person volunteering in a trial or a person with a medical condition that is unrelated to the use of the Investigational Product or a person whose medical condition is relevant to the use of the Investigational Product.

Under the ICMR regulations (2006), human subjects are defined as living individual(s) about whom an investigator conducting research obtains:

- (1) Data through intervention or interaction with the individual; or
- (2) Identifiable private information.

Intervention includes both physical procedures by which data are gathered and manipulations of the subject or the subject’s environment that are performed for research purposes. Interaction includes communication or interpersonal contact between investigator and subject. Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information that has been provided for specific purposes by an individual and which can reasonably expect will not be made public (e.g., medical record information.) Since the definition of a human subject is a living individual, research involving autopsy materials or cadavers is not considered human subjects research and is not reviewed by the HRPP although it may come under the purview of IEC.

Definition of an investigational product:

A pharmaceutical form of an active ingredient or placebo being tested or used as a reference in a clinical trial, including a product with a marketing authorization when used or assembled (formulated or packaged) in a way different from the approved form, or when used for an unapproved indication, or when used to gain further information about an approved use.(1.33 ICH GCP).

Responsibilities of the Institute Ethics Committee (IEC) regarding Human Subjects

The IEC at NMC has been setup as an independent Ethics review committee and has the responsibilities listed below:

- Responsible for implementation/supervision/evaluation of the Human Research protection policy
- Providing inputs for review of existing policies and procedures under the program and suggest modifications.

- The IEC will regularly interact with various entities which will assist it in promoting human protection, dissemination of ethical principles and education of both researchers and research participants.
- It will be responsible for addressing complaints, non-compliance, undue influence etc and is entrusted with carrying out an enquiry, audit or investigation to address the issue and communicate it to the researcher.
- It will address issues arising out of “Conflict of Interest” as disclosed in submissions to IEC or if subsequently develops. It has the authority to suspend or terminate a trial if a gross misconduct is found. It has the authority to censure the investigator and bar him from conducting research studies for a period of time.
- Research involving Human subjects which does not need IEC approval will be periodically reviewed by the IEC to ensure protection to Human subjects as this group needs additional protection.
- It will follow up implementation of any suggestions or directives given to researchers by constant communication to ensure compliance.
- The IEC will be available to address any concerns, questions and complaints of both researchers and research participants through written communication via e-mail or printed or written letters.

Human Subject in Research Policy Statement

In order to safeguard the rights and welfare of Human Subjects in Research, Narayana Medical College follows the ethical principles of the Belmont Report and adheres to all applicable federal or state law or regulations, and institution policies and guidelines governing the participation and protection of Human Subjects in Research.

The IEC of Narayana Medical College holds a current Federal wide Assurance (FWA) filed with the Department of Health and Human Services Office of Human Research Protection (OHRP) for the protection of Human Subjects, USA. This assurance applies to all Research with Human Subjects in which the institution is engaged and that is funded or supported by any funding agency that has adopted the Common Rule, regardless of the site of the activity.

The institution’s commitment to protecting Human Subjects applies to all Human Subjects Research in which it is engaged, regardless of funding source or the institution that provided the IEC review.

Investigator Responsibilities:

All faculty and staff who are conducting Research involving Human Subjects within the course and scope of their Academic duties, as well as students who are conducting Research involving Human Subjects within the course and scope of their academic course and studies, regardless of whether the Research is funded and regardless of the source of funding, must submit Human Subject Research protocols to the IEC for approval or follow IEC policies and/or

procedures for obtaining an exempt determination prior to commencing Research. Investigators must maintain IEC approval for the lifespan of the project, submit continuing review documents to the IEC as necessary to maintain the approval, and follow all IEC and institution policies for the protection of human subjects in the conduct of the project.

Training Requirements

For all sponsored studies involving human subjects research, NMC investigators and all key personnel must fulfill the protection of human subjects education and certification requirement. This can be achieved by completing the training hosted by the Office of Human Research Protection's Human Research Protection Training.

<https://www.hhs.gov/ohrp/education-and-outreach/online-education/human-research-protection-training/index.html>

14. Data Sharing Policy for Access and Use of Healthcare Data for Research, Scientific and Statistical Purposes

This will provide the means of sharing sensitive and non-sensitive healthcare data that has been collected at various units or projects of Narayana Medical College, Nellore (NMC). Access will be provided to parties on a case-by-case basis based on the assessment of the nature of data for which access is sought, purpose of such sharing, ethical issues involved, consent from the concerned authorities, etc.

Purpose

This Policy governs the access, use, and sharing of healthcare data generated at NMC for research, scientific, and statistical purposes. It covers both sensitive and non-sensitive data and promotes responsible data sharing in accordance with applicable laws, regulations, ethical requirements, and institutional policies. Some of the laws that need to be considered include:

1. Article 19 and 21 of the Constitution of India (Right to Privacy)
2. Information Technology (IT) Act, 2000 and the IT (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011
3. International Standard IS/ISO/IEC 27001 on "Information Technology-Security Techniques – Information Security Management System- Requirements".
4. Ethical Guidelines for Biomedical Research on Human Subjects 2000
5. Indian Medical Council Regulations, 2002
6. Medical termination of pregnancy (MTP) Act 1971 and MTP Rules, 2003
7. Epidemic Disease Act 1897
8. Consumer Protection Act, 1987
9. Mental Health Act 1987

10. Pre-Natal Diagnostic Techniques Act, 1994
11. UIDAI Act, 2010
12. Right to Information Act
13. The Personal Data (Protection) Bill, 2013
14. Digital Information Security in Healthcare Act (DISHA), 2018 (as applicable prospectively)
15. Any other act, policy, ethical guideline, quality standard or international commitment that may be applicable

It is important to note that data sharing, both within and outside Narayana, should be approved in advance by the Narayana Institutional Ethics Committee.

Data access for Research Purposes

1. Data access of participants for primary research purposes

If the data is collected for primary research purposes, then a consent process involving a consent form should be developed. The data access process and parties (individuals) having access should be mentioned. Additionally, if data is shared for secondary research (like a building a repository), the same should be informed to the subject during the consent process. The plan to remove all the identifiers should be explained in the consent form (de-identification and encoding process). The subject should also be given the flexibility of withdrawing consent whenever they require, and in such cases, their data also deleted from that point of time onwards. There should be a data sharing agreement between NMC and the research collaborators having access to the data, including the party receiving the data should be bound by a Non-Disclosure Agreement for a period as long as they hold the data. This agreement should define the means by which the data will be shared, confidentiality clauses, IP and other protocols linked with data sharing. Only anonymized data can be shared and sharing of any identifiers or any data that may identify the subject is not permitted.

2. Data access for Secondary Research purposes

In such cases the data has to be shared in a fair, ethical manner with authorized recipients only. There should be a data sharing agreement between the PI of Narayana Medical Institution and the other party, including the party receiving the data should be bound by a Non-Disclosure Agreement for a period as long as they hold the data. This agreement should define the means by which the data will be shared, confidentiality clauses, IP and other protocols linked with data sharing. It is important to note that sensitive data generated including the patient or subject identifiers should NOT be shared and any document containing such identifiers will NOT be provided to anyone except the primary in-charge (may be the Principal investigator or a research study, Treating Department HOD, etc). The sharing of such documents should be done only if the identifiers have been removed and the data has

been encoded.

For secondary research, data can be shared based on the type of data involved: -

1. If identifiable data is shared of subjects: It is not authorized to share any data of subjects that have the identifiers included. Such data should be stored in an area within the premises of Narayana Medical Institution with access and responsibility only with the PI/HOD for the security and storage of such data.
2. If identifiable data is removed and encoded: Such a situation may be permitted if the Institutional Ethics Committee of NMC find that the purpose and other aspects of the study meets with the ethical guidelines.
3. If unlinked data is to be shared: Such a situation may be permitted if the Narayana IEC determines that there are no ethical issues involved in sharing such data.

Data sharing within Narayana Medical Institution (Intra-mural projects)

The IEC should provide permission for data sharing between the various departments of NMC. It is also important that the transfer of such data is recorded, and appropriate permissions are documented from the relevant authorities within Narayana Medical Institution is taken. However, such data collected and shared within entities within NMC should be stored within the premises of NMC, in full control and responsibility with the PI.

Data Sharing with Repositories outside NMC

The PI may deposit required data with secure depositories and for non-profit purposes, as long as permitted by the law (such as the notifiable disease act). It is important to understand the purpose and the type of authority collecting such data and if permitted by law (such as a notifiable disease law). An agreement should be signed between NMC and the authority collecting data where the purpose, model, permissions, confidentiality, security and analysis plans of data collected is clearly outlined. It is important that the NMC's IEC provides permission in advance for collection of data on such repositories involving NMC.

Ownership of data

The respective primary owner of the data will include: - The Patient or Subject whose data has been collected. The custodians of the data will include:

Principal investigator of a research study

Co-Investigator of a research study, data from the respective department has contributed to the performance and analysis the study

Head of the respective department from where data has contributed towards a study.

In all circumstances, the permission of the primary owner will be required in writing and acknowledgment of such contribution should be mentioned in the paper arising out of the research study.

Data Sharing Plan (DSP)

All activities that are undertaking research and sharing of data, will have to create and describe the DSP and include the following aspects: -

1. Data to be produced for the research
2. Principle of data sharing
3. Manner in which subject confidentiality and privacy is maintained

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- a. Confidentiality clause should extend for a duration beyond the study
4. Manner in which identifiers will be removed and data encoded
5. IPR issues that will preclude sharing of data and secondary research information
6. Timeline for sharing the data
7. Costs and resources required to support the DSP
8. Data formats - Data is to be shared in an open format that can be machine-readable such as by Statistical Software like SPSS and R (like CSV, XLS, ODS, XML, RDF, KML, GML, RSS).

15. Research Publication Policy

Purpose and Scope

NMC produces high quality research across many disciplines. NMC is committed to ensuring that the outputs of research are freely accessible and disseminated so that the potential for economic, social and cultural impact can be maximized. Some researchers and many outside the academic community do not have access to the outputs of NMC research because of the restrictions placed by publishers on access to subscription-based scholarly journals. We share the ambition to allow access to research outputs to the widest possible community.

Policy Statement:

1. NMC Research Publications Policy requires that:
 - Authors record bibliographic details of all research outputs in NMC publications database, no later than three months after the date of acceptance for publication.
 - Authors deposit full text copies of research outputs, i.e. final accepted peer-reviewed journal articles and conference papers (and where appropriate, monographs) in the institutional repository no later than three months after the date of acceptance for publication.
2. Where publisher's copyright permissions allow and there are no confidentiality or commercial constraints, the research outputs in the institutional repository must be made 'open access', i.e. freely accessible over the internet.
3. Where outputs are not embargoed for any period they must be made open access within one month of deposit. After an embargo period, outputs must be made open access immediately after the last day of the embargo period.
4. Authors must comply with the funders' policies relating to open access and research data management.
5. Authors shall ensure that their publications comply with the applicable guidelines, ethical standards, and professional requirements of the National Medical Commission (NMC).
6. Authors must use a standardized institutional affiliation "Narayana Medical College" along with their respective Institutional dept., in all research outputs to ensure clear affiliation with the Narayana Institution.
7. Authors must acknowledge the source of grant funding associated with a research output in the publication itself. Information about the grant should also be linked, by the author, to the record of the publication in the NMC Publications Database.
8. Authors should register for an individual **ORCID identifier** and should include it on a

personal webpage, when submitting publications, when applying for grants, and in any research workflow to ensure that the individual is credited for their work and that the correct institutional affiliation is achieved.

9. The policy applies to all research outputs, including those published by PhD students. Where copyright permits, monographs may also be deposited. Other forms of published outputs,

e.g. articles or letters published in the press, may also be added to the institutional repository. These often contribute to the impact of the researchers' work and provide valuable permanent accounts of our research activities.

10. NMC will comply with the International Committee of Medical Journal Editors (ICMJE) guidelines for publishing research manuscripts.

16. Authorship Criteria in publication

Authorship should be based on substantial contributions to all of the following:

1. Concept and design, or acquisition, analysis, and interpretation of data;
2. Drafting the manuscript **or** critically revising it for important intellectual content; and
3. Final approval of the version to be published.

Funding acquisition, data collection alone, or general supervision does not by itself qualify for authorship. Each author should have contributed sufficiently to take public responsibility for the relevant aspects of the work.

The **order of authorship** should reflect the relative contributions to the study and manuscript preparation. After submission, changes in authorship order require the **written consent of all authors**. Where the number of authors exceeds the limit prescribed for the manuscript type, scope, or number of participating institutions, the authors must provide appropriate justification.

Contribution Details

All contributors should provide a clear description of their individual contributions, as applicable, under the following categories:

- Concept and design
- Literature search
- Clinical studies
- Experimental studies
- Data collection
- Statistical analysis
- Manuscript preparation
- Manuscript review

At least one author should assume responsibility for the **integrity of the work as a whole, from inception through publication**, and should be designated as the **Guarantor**.

Reporting Guidelines for Specific Study Designs

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	https://www.squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=5_33
PRISMA	Systematic reviews and meta-analyses	https://www.prisma-statement.org
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>

International Committee of Medical Journal Editors (ICMJE) guidelines

1. Defining the Role of Authors and Contributors

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

2. Disclosure of Financial and Non-Financial Relationships and Activities, and Conflicts of Interest.

<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html>

3. Responsibilities in the Submission and Peer-Review Process

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/responsibilities-in-the-submission-and-peer-review-process.html>

4. Journal Owners and Editorial Freedom

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/journal-owners->

[and-editorial-freedom.html](#)

Narayana Medical College, Nellore, A.P

17. Policy on Plagiarism

Purpose and Scope

This policy aims to describe the steps instituted by NMC to curb academic dishonesty and research misconduct specifically plagiarism.

Definition

Plagiarism is defined as presenting someone else's work as one's own work. This may include copying or reproducing a matter without the acknowledgement of the source. Plagiarism involves copying of: phrases, clauses, sentences, paragraphs or longer extracts from or longer extracts from either published or unpublished work even from the legitimate cooperation without acknowledgment of the source.

Types of Plagiarism

Plagiarism may be of several types:

- (i) The researcher may quote invalid sources which may be incorrect or nonexistent attempting to increase the list of references and to hide inadequate research.
- (ii) Sometimes the researcher may use a secondary source taking the primary source within the secondary one. This may provide a false sense of the amount of review that went into the research.
- (iii) Self-plagiarism involves reusing one's own previous research and research papers.
- (iv) Paraphrasing is intellectual theft which includes taking another person's writing and changing the words, making it appear as original idea or piece of research. Paraphrasing ranges from sample rephrasing to completely rewriting the content while maintaining the original idea or concept.
- (v) Repetitive research is a type of self-plagiarism which includes repeating of data or text from a similar study with a similar methodology in a new study without proper attribution.
- (vi) Replication in submission of a paper to multiple publications which results in the publication of the same paper more than once.
- (vii) Inaccurate authorship is a type of plagiarism where authors are denied credit for partial or significant contributions made to a research work or the reverse, that is, authors are cited in a paper who have not made any contribution.
- (viii) Unethical collaborative research work using written work, outcomes, and ideas without citing

the nature of collaboration and the participants involved is considered unethical.

(ix) Verbatim plagiarism is copying another person's words and works without giving proper attribution.

(x) Complete plagiarism includes resubmitting in one's own name, a study, a manuscript or other work from another research.

Policy Statement and Commitments

Evaluation of academic and research work of scholars and students and also faculty members leading to the partial fulfillment for the award of degrees at Master's and research level in the form of thesis, dissertation and publication of research papers, chapters in books, full-fledged books and any other similar work, reflects the extent to which elements of academic integrity and originality are observed in various relevant processes adopted by the Institute.

The Institute makes it compulsory for all faculty, researchers and students to adhere to the policy of academic malpractice and plagiarism and strives to use best tools and practices to identify and detect academic malpractice and plagiarism.

Responsibility of the Research Scholar

1. A research scholar should get proper awareness about responsible conduct of research, thesis, dissertation, promotion of academic integrity and prevention of misconduct including plagiarism in academic writing.
2. The scholar should know thoroughly about the impact of plagiarism and the penalties of the act.
3. It is an utmost important duty of any scholar to see that she does not attempt any misconduct during the research work either during experimental data collection or data analysis or report writing or publication of research articles, research journals or presentation of scientific findings in conferences.
4. It is very essential for the research scholar to submit her manuscripts to plagiarism detection mechanisms available in her institution and detect the percentage of plagiarized matter and revise the script to minimize it.

Responsibility of the Mentor

1. Proper awareness on plagiarism in research should be imparted by the research supervisors to the scholars right from identifying the research problem, formulating and executing the research design, interpretation and presentation of the reports.
2. The mentor is expected to subject any manuscript of research work either of her own work or the work of her scholars to proper detection mechanisms available in the Institution and revise or redo for minimum similarities.
3. The mentor has to issue a certificate to the scholar in case of reuse of earlier published research data and papers by the same scholar to avoid self-plagiarism. Only these articles

should be excluded from check.

4. A Consent letter from co-author(s) have to be obtained by the supervisor, if the research work has been coauthored by others.

Institutional Guidelines for the Prevention of Plagiarism

Plagiarism detection is the process of locating instances of plagiarism in a research work or research document. The widespread use of computers and the advent of the internet have made it easier to plagiarize the work of others. It is the prime responsibility of an Institute or individual to distinguish original content from plagiarized work.

The postgraduate, doctoral and post-doctoral scholars are required to submit a signed statement that they are aware of the plagiarism policy of the Institute and no part of their work, be it a project report or thesis or dissertation is copied in any form and it is their own creation.

The Institute provides plagiarism-detector software to detect the similar textual content already published in various information sources.

UGC Guidelines on Plagiarism

University Grants Commission (Promotion of Academic Integrity and Prevention of Plagiarism in Higher Educational Institutions) Regulations, 2018 are regulations that specify the guidelines for higher educational institutes (HEI).

18. Conflict of Interest Relating to Research

A **conflict of interest (COI)** exists where there is a divergence between the personal, professional, financial, or other interests of a researcher and their professional obligations to **Narayana Medical College (NMC)**, such that a reasonable and independent observer may question whether the researcher's professional actions, decisions, or judgment are influenced by those interests or may result in personal benefit.

In the context of research, a conflict of interest may compromise, or may reasonably be perceived to compromise, the **objectivity, integrity, ethical conduct, professional judgment, or credibility** of research activities, including the design, conduct, analysis, interpretation, publication, and dissemination of research findings.

Without limiting the circumstances that may give rise to a conflict of interest, the following are examples:

- Decisions regarding the **appointment, appraisal, promotion, or supervision of research staff**.
- Assessment of **internal research grant applications**, including recommendations and associated funding decisions.
- Decisions relating to the **selection, procurement, or engagement of suppliers, vendors, or service providers** for research activities.
- A **close personal, professional, or financial relationship** with another staff member, student, researcher, or other person involved in the research project.
- A researcher's **affiliation with, consultancy for, ownership of, or financial interest in** an organization that has a direct or indirect interest in the research, its outcomes, or the provision of research materials, equipment, products, or services.
- Any other circumstance in which a researcher's personal or external interests could reasonably be perceived to influence their **research-related decisions, conduct, interpretation, or reporting**.

All research personnel are expected to **identify, disclose, and appropriately manage** any actual, potential, or perceived conflict of interest at the earliest opportunity. Where a conflict is identified, appropriate measures shall be taken to protect the integrity and independence of the research process.

Failure to disclose or appropriately manage an actual or potential conflict of interest may result in:

- a) **Institutional action**, including investigation under applicable policies and disciplinary proceedings, where warranted;
- b) **Action by funding agencies, regulatory authorities, or other Government agencies**, as applicable; and/or
- c) **Legal or other appropriate action** against NMC and/or the individuals concerned, where applicable.

All declarations and management of conflicts of interest shall be handled in accordance with applicable institutional policies, ethical requirements, funding-agency conditions, and relevant laws and regulations.

Financial Conflict of Interest Policy

The faculty and members of the academia at NMC are encouraged to apply for funding to carry out research work in accordance with the applicable ethical codes, and in compliance with the applicable regulations.

Purpose

NMC has a responsibility to manage conflicts of interest that arise in the course of research activities being conducted. The objective of this policy and the applicable regulations on which it is based is to promote "objectivity in research by establishing standards to ensure there is no reasonable expectation that the design, conduct, or reporting of research funded will be biased by any conflicting financial interest of an Investigator". Further, the policy protects the credibility and integrity of the Institution's faculty and staff so that public trust and confidence in the Institution's sponsored activities is ensured.

Policy

NMC requires that Investigators disclose Significant Financial Interests when applying for external grant funding as well as during the award period. Each Investigator doing funded research must complete the Institution's Financial Conflict of Interest (FCOI) training.

Applicability

This policy applies to all investigators undertaking research work at the NMC involving human subjects. The Dean of Narayana Medical College (NMC) is the designated Institutional official responsible for ensuring implementation of this policy and may suspend all relevant activities until the financial conflict of interest is resolved or other action deemed appropriate by the institutional authority is implemented. Violation of any part of these policies may also constitute cause for disciplinary or other administrative action pursuant to Institutional policy.

This policy is predicated on the expectation that investigators should conduct their affairs so as to avoid or minimize conflicts of interest and must respond appropriately when conflicts of interest arise. To that end, this policy informs investigators about situations that generate conflicts of interest related to research, provides mechanisms for investigators and institution to manage those conflicts of interest that rise, and describes situations that are prohibited. Every investigator has an obligation to become familiar with, and abide by, the provisions of this policy. If a situation raising questions of conflict of interest arises, an investigator should discuss the situation with Institutional official.

Disclosure of Financial Interests

All Investigators are required to disclose their outside financial interests as defined above to the institution on an annual and on ad hoc basis, as described below. The institutional official is responsible for the distribution, receipt, processing, review and retention of disclosure

forms.

Annual Disclosures

All investigators must disclose their Significant Financial Interests that are related to the investigator's institutional responsibilities to the institution, through the institutional official, on an annual basis. All forms should be submitted to the institutional official by March 31st for the previous calendar year.

Adhoc Disclosures

In addition to annual disclosure, certain situations require ad hoc disclosure. All investigators must disclose their Significant Financial Interests to the Institution, through the Institutional official, within 30 days of their initial appointment or employment.

Prior to entering into research projects or applications for sponsored projects, where the investigator has a significant Financial Interest, the investigator must affirm the currency of the annual disclosure or submit to the institutional office an ad hoc updated disclosure of his or her significant financial interests with the outside entity. The institution will not submit a research proposal unless the Investigator (s) have submitted such ad hoc disclosures.

In addition, all investigators must submit to the institutional official an ad hoc disclosure of any significant financial interest they acquire or discover during the course of the year within (30) days of discovering or acquiring the Significant Financial Interest.

Travel

Investigators must also disclose reimbursed or sponsored travel related to their institutional responsibilities, as defined above in the definition of Financial Interest and Significant Financial Interest. Such disclosures must include, at a minimum, the purpose of the trip, the identity of the sponsor/ organizer, the destination, the duration, and if known, the monetary value. The Institutional Official will determine if additional information is needed to determine whether the travel constitutes a Financial Conflict of Interest with the Investigator's research.

Review and Decision of the Institutional Official

If the disclosure form reveals a Significant Financial Interest, it will be reviewed promptly by the Institutional Official for a determination of whether it constitutes a financial conflict of interest. If a Financial Conflict of Interest exists, the Institutional Official will take action to manage the financial conflict of interest including the reduction or elimination of the conflict, as appropriate. If the institutional official determines that there is a financial conflict of interest that can be managed, he or she must develop and implement a written management plan. The affected investigator must formally agree to the proposed management strategies and sign the written management plan before any related sponsored research goes forward.

Clinical Trials

Clinical Trials involve particularly sensitive issues if the investigator has a financial interest related to the clinical trial or the Industry sponsoring the clinical trial.

- a) Certification that no financial arrangements have been made with the investigator under

which the study outcome could affect compensation; that the investigator has no proprietary interest in the tested product; that the investigator has no significant equity interest in the study sponsor; and that the investigator has not received any significant payments or other financial benefits from the sponsor and or

Disclosure of specified financial arrangements and reports taken to minimize the potential for bias.

Disclosable Financial arrangements

A) Compensation made to the investigator in which the value of compensation could be affected by study outcome.

B) A proprietary interest in the tested product including but not limited to a patent, trademark and copyright.

C) Any equity interest in the sponsor of a covered study-ownership, interest, stock options

D) Significant payments of other sorts, which are payments that have a cumulative monetary value or more made by the sponsor of a covered study to the investigator or to the investigator institution to support activities of the investigator exclusive of the costs of conducting the clinical study or other clinical studies during the time the clinical investigator is conducting the study.

In the event of non-compliance with reporting and /or management of a financial conflict of interest involving a sponsored clinical research whose purpose is to evaluate the safety or effectiveness of a drug, medical device, or treatment as required by this policy, the investigator must disclose the financial conflicts of interest in each public presentation of the results of the affected sponsored research and request an addendum to previously published presentations.

A. Reporting

The institutional official will report financial conflicts of interest or non-compliance to the granting agency in accordance with the regulations. If the funding for the research is made available from a prime awardee, such reports shall be made to the prime awardee prior to the expenditure of any funds and within 60 days of any subsequently identified financial conflict of interest such that the prime awardee may fulfil their reporting obligations.

B. Investigator Non-Compliance

Disciplinary Action

In the event of an investigator's failure to comply with this policy, the institutional official may suspend all relevant activities or other action deemed appropriate by the institutional official is implemented. This decision will be described in a written explanation. The institution will promptly notify the granting agency of the action taken or to be taken. If the funding for the research is made available from a prime awardee, such notification shall be made promptly to the prime awardee for reporting.

Retrospective Review

In addition, if the institutional official determines that a financial conflict of interest was not

identified or managed in a timely manner the institutional official will complete a retrospective review of the investigator's activities and the sponsored research project to determine whether the research conducted during the period of non-compliance was biased in the design, conduct or reporting of the research. If bias is found, the institution will promptly notify the granting agency and submit a mitigation report.

C. Training

Each investigator must complete training on this policy, the investigator's responsibilities regarding disclosure prior to engaging in research, and at least every four years thereafter. It is also required in case NMC reviews its COI policy, or in case a new investigator joins the Institute or in case the investigator has found not to be in compliance with the NMC COI Policy.

A suggested tutorial on FCOI is available at this link:
https://grants.nih.gov/grants/policy/coi/fcoi_web-based_tutorial.pdf

D. Record Retention

The institutional official will retain all disclosure forms and related documents for a period of 3 years from the date the final expenditure report is submitted to the sponsoring agency or to the prime awardee.

E. Confidentiality

To the extent permitted by law all disclosure forms and related information will be confidential. However, the institution may be required to make such information available to the primary entity who made the funding available to the institution if requested or required.

F. Public Accessibility

Prior to the expenditure of funds, the institution will respond to any requestor within fifteen business days of the request, information concerning any Significant Financial Interest that meets the following criteria:

- a) The significant financial interest was disclosed and is still held by the senior key personnel.
- b) Determination has been made that the significant financial interest is related to the sponsored research; and
- c) A determination has been made that the significant financial interest is a financial conflict of interest.

19. AI Policy for Projects/Publications

Principal Investigators (PIs)/authors who use generative AI or AI-assisted technologies for project/publication writing, image or graphical content creation, or data collection and analysis must transparently disclose the AI tool used and how it was used in the project/publication. PIs or authors remain fully responsible for the accuracy, integrity, originality, and ethical compliance of all submitted content, including AI-generated or AI-assisted material, and are accountable for any breach of research or publication ethics.

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20. Anti-Money Laundering Policy

Purpose and Scope

This policy aims to maintain the appropriate standards of conduct, by preventing criminal activity through money laundering, and has been adopted to introduce safeguards in the system to help identify and report on instances where money laundering is suspected. NMC works with entities such as academic institutions, universities, funding agencies, industry partners, US/UN organizations, governmental organizations, companies and individuals in research, development and innovation in connection with various research endeavors, which may be known as a 'Collaborator'.

Policy Statement

As per the Section 3 of the Prevention of Money Laundering Act (PMLA), 2002, "whosoever directly or indirectly attempts to indulge or knowingly assists or knowingly is a party or is actually involved in any process or activity connected with the proceeds of crime and projecting it as untainted property shall be guilty of offence of money laundering".

NMC responsibilities

1. Use the fund provided for the specific purpose such fund has been issued for,
2. Take reasonable steps to identify any person for whom it is proposed to provide any services where applicable,
3. Retain identification and transactional documentation as defined in the legislation in the jurisdiction in which we operate,
4. Provide initial and ongoing training to ensure all relevant staff are aware of their personal responsibilities and the anti-money laundering procedures in respect of identifying collaborators, monitoring, record-keeping, vigilance and reporting suspicious transactions,
5. Ensure our Policy is developed and maintained in line with evolving and applicable statutory and regulatory obligations from enforcement agencies,
6. Ensure that staff do not indulge in activities of money laundering, and hold internal procedures if such activities are suspected, and
7. Report to the relevant authority where there are reasonable grounds to suspect that a money laundering offence has been committed.

Due Diligence Processes

1. Obtaining all Know your Collaborator (KYC) documentation, in advance
2. Verification of the KYC before opening any account
3. Maintaining all KYC documentation for a sufficient duration of time as required by the law
4. Identification of risks and vulnerabilities involved
5. Appropriate training of employees in dealing with new collaborators and identifying the risks
6. Conduct background check of individuals, potentially to be hired for previous instances of fraud
7. Identify and implement appropriate counter measures to handle the 3 steps of money laundering including: -
 - a. Placement

- b. Layering
- c. Integration
- 8. Monitoring every transaction or attempted transactions for the source, nature, bonafide purpose and other such details
- 9. Providing required documentation to the authorities
- 10. Conducting frequent audits and checks in the system
- 11. Reporting and appropriate handling of any violations
- 12. Take appropriate corrective action in compliance with the regulations

21. Anti-Corruption and Anti-Bribery Policy

Narayana Medical College (NMC) is owned and operated by the Narayana Educational Society for Medical Education. It is NMC's policy to ensure that our Institution and its employees are committed to complying with appropriate legislation (including the Prevention of Corruption Act, 1988, and other international prescriptions), regulations and appropriate guidelines designed to combat bribery and corruption in the jurisdictions in which we operate.

NMC will always ensure it follows a fair, honest and transparent system, and ensures that no employee indulges in acts of bribery or corruption with any other person, party or government official. These are also in line with the objective of NMC, working towards the wellbeing of the society.

Purpose

This Anti-Corruption & Bribery (ACB) Policy applies to all directors, members, managers, faculty, staff, consultants, interns, students and part-time staff (referred to as 'employees'). Third party refers to individuals, organizations, collaborators or governmental agencies, who may encounter the employee during the employee's engagement with NMC. The implementation of the ACB Policy for all research projects conducted in NMC will be headed by the NMC Dean's office in coordination with the NMC Accounts office and the NMC Personnel Office (referred to as 'internal authority').

The ACB Policy sets out the responsibilities to comply with regulations against bribery and corruption and provides guidance of how to recognize and deal with corruption. NMC follows a **zero-tolerance** approach to any act of bribery or corruption, giving or receiving, by any employee who is acting on behalf of NMC. Any breach noted, will be regarded as a serious matter, and subject to inquiry and necessary disciplinary action.

Policy Statement

What constitutes bribery or corruption?

Bribery includes the following unreasonable or uncompensated benefits: -

- a) giving or offering money, a gift, a complimentary, or something else of unreasonable value to a third party related an undue advantage
- b) induce or reward a third party for acting improperly or where it would be improper for the recipient to accept the benefit
- c) offer or giving of a bribe to a third party made by or through an agent, representative or intermediary
- d) providing or receiving entertainment, travel, foreign visits or conference expenses from third parties with no reason
- e) giving or accepting loans, guarantees or extensions of credit, with undue benefits
- f) uncompensated use of facilities or resources
- g) providing or receiving a job or an internship to/from a third party (paid or unpaid), without following due procedures
- h) awarding a contract or an order to a party in connection with the main contract, without following due procedures
- i) offering or receiving donations or charity amounts, without due procedures and with

the intention for undue influence

- j) making donations or providing benefits to a political party with the intention of undue benefits
- k) induce another individual or employee to indulge in acts of corruption
- l) threaten another employee who has refused to commit a bribery offence, ignore/ overlook violations, or raise concerns under this Policy
- m) Engagement in any activity or transaction that may result in a **breach or violation of this Policy**.

Due Diligence procedures

The following may be considered due-diligence measures mandated by the regulations: -

1. Any invitation received from a third party should be justified and clearly demonstrated there is no undue advantage to any of the party
2. Any expenditure to be borne should be reasonable, fair and budgeted under the respective project's or ledger expenditure
3. Any payment does not provide any unreasonable personal benefits to the employee
4. Any consultation/advisory service to a third party must be with prior permission obtained from the Head of the Institution. The Consultancy policy of the institution provides guidance for external consultancies. Further, a Conflict-of-Interest form needs to be submitted.
5. Any hospitality or gift to be received or given, must be approved in advance, and demonstrated not to cause undue influence.
6. All research faculty and staff recruited should be as per the Institutional policy in coordination with the HR department and advertised on the website. Records of the HR procedures and details of selection are to be maintained.
7. Items required for the project should be procured as per the Institute's purchase policy.
8. In case of provision of services/consumables frequently, a rate/service contract arrangement needs to be done in prior as per the Institutional Policy, with approval of the Head of the Institution as per the purchase policy of NMC
9. All records of payments and any expenditure incurred on third party should be maintained in a separate book of account, ensuring accuracy and completeness. There should be no records maintained 'off-book' for payments.

The ACB Policy may be updated from time-to-time based on regulatory requirements. Training of all staff on this Policy will be done during their induction. Any clarification or reporting under this Policy can be brought to the notice of the Internal authority.

22. Policy for Prevention of Financial Fraud

Purpose

Narayana Medical College (NMC) is owned and operated by Narayana Educational Society for Medical Education. This policy is to ensure that our institute and its employees are committed to working in an environment free of fraudulent activities and in compliance with the regulations (including the RBI Fraud Classification and Reporting Guidelines, 2003).

This Policy for Prevention of Financial Fraud (PFF) has been developed to oversee the practices for prevention of financial fraud. For all Research activities, the implementation of the PFF Policy will be headed by the NMC Dean's office in coordination with the NMC Accounts office and the NMC Personnel Office (referred to as 'internal authority').

Objectives

This policy will ensure and provide for the following: -

- i. establishing procedures for preventing fraud and/or detecting fraud when it occurs
- ii. provide a clear guidance to employees and others dealing with NMC, forbidding them from involvement in any fraudulent activity and initiate action where they suspect any fraudulent activity related to research activities.
- iii. conduct investigations into fraudulent activities.
- iv. provide assurances that all suspected fraudulent activity will be fully investigated.

Application

This Policy applies to any fraud, or suspected fraud, involving employees as well as consultants, vendors, contractors and third parties working with NMC. Fraud refers to "All instances wherein Banks have been put to loss through misrepresentation of books of accounts, fraudulent encashment of instruments like cheques, drafts and bills of exchange, unauthorized handling of securities charged to banks, misfeasance, embezzlement, theft, misappropriation of funds, conversion of property, cheating, shortages, irregularities etc" (RBI Frauds Classification and Reporting, 2003). If "a person is said to have done thing fraudulently if he did that thing with intent to defraud but not otherwise." (Section 25, Indian Penal Court). Hence fraud can be interpreted as "an act of criminal deception carried out singly or in collusion with others with a view to deriving gains to which one is not legally entitled".

Actions constituting fraud

The following may be considered as fraudulent activity (illustrative and not exhaustive): -

- i. Forgery or alteration of any document or account
- ii. Forgery or alteration of cheque, bank draft or any other financial instrument etc.
- iii. Misappropriation of funds, securities, supplies or other assets by using fraudulent means
- iv. Falsifying records such as pay-rolls, removing the documents from files and /or replacing it by a fraudulent note
- v. Willful suppression of facts in matters of appointment, placements, submission of reports, tenders, etc, because of which a wrongful gain(s) is made to one and wrongful loss(s) is caused to the others.
- vi. Utilizing project funds for personal purposes without reason or authorization.

- vii. Authorizing or receiving payments for goods not supplied or services not rendered.
- viii. Destruction, disposition, removal of records or any other assets of research projects with an ulterior motive to manipulate and misrepresent the facts to cause suppression because of which assessment cannot be done
- ix. Any other act that falls under the gamut of fraudulent activity.
- x. Any other aspects related to fraud including conduct of such employees will be handled as per the Institutional HR Policy, additionally.

Responsibility for fraud prevention

- i. Every employee, representative consultants, vendors, contractors and third parties working with NMC, is expected and shall be responsible to ensure that there is no fraudulent act being committed in their areas of responsibility. As soon as it is learnt that a fraud or suspected fraud has taken or is likely to take place they should immediately apprise the same to the internal authority.
- ii. The NMC Accounts and Personnel Department shall ensure implementation of this policy by educating and familiarizing the employees during induction on various aspects of this policy
- iii. In agreements with third parties, adherence to the NMC's PFF Policy should be mentioned and agreed by the third party
- iv. Any clarification or reporting under this Policy

Handling cases of Fraud

- i. Cases of fraud or suspected fraud reported or made known to the internal authority, will be investigated with due procedures, keeping in mind confidentiality.
- ii. An internal officer will be designated to handle the complaint of fraud and can view the internal records and interrogate employees to gather more evidence.
- iii. An internal report will be submitted, and necessary corrective action will be taken.

23. Risk Management Policy

Purpose and Scope

Narayana Medical College (NMC) is a unit of Narayana Educational Society for Medical Education (a registered Society), headed by the Dean and engaged in health research and innovation. All research activities carried out by Researchers may involve of a few internal and external risks. Risks refers to the effect of uncertainty (uncertain event) on the objectives and involves the consequences of likelihood of such uncertain events. NMC' risk management policy involves identification, assessment and prioritization of risks to minimize the impact of these uncertain events. It includes a strategic focus, using management approaches, balancing the costs of risk management against anticipated benefits, mitigating risks and contingency planning. It also enables compliance with the regulations and assuring financial stability of the institution.



Application

The need for effective risk management arises from several regulatory commitments. The Risk management policy concerns all areas of NMC' functioning more specifically to Research activities and projects.

Risks Factors

A. External Risks

- Political environment
- National and international policies
- Market conditions and economy
- Revenue concentration and liquidity of assets
- Inflation

- Obsolesce of technology
- Legal environment
- Fluctuation of foreign currency
- Relationships with patients
- Relationship with collaborators and funding agencies
- Litigation and professional liabilities
- Permission from various external agencies
- Ethical standards

B. Internal Risks

- Efficient execution of projects
- Contractual compliance
- Operational efficiency
- Hurdles affecting optimum use of resources
- Quality standards and assurance
- Environmental management
- Effective HR management
- Organizational culture and values
- Internal approvals

Responsibilities

Risk management involves assigning responsibilities at various levels in the Institution: -

1. The Narayana Educational Society for Medical Education Governing Board in coordination with the NMC Executive Committee and the Secretary, Narayana Educational Society for Medical Education will be responsible for the Organizational Risk Governance including defining governance structures and assignment of roles and responsibilities
2. The NMC Dean's office will be responsible for the risk management at NMC for research projects and activities, in coordination with the NMC's Grant's office, Personnel office and Account's Office.
3. The Head of the Department will be responsible at the Departmental level to identify and address the risks involved concerning the Departmental research projects and activities.
4. Every Principal Investigator concerned with a research project will be responsible for the risk management of the various risks concerning that project. They will be responsible for identifying the risks and developing strategies to mitigate the risks.
5. It is mandatory that all the Research agreements signed with funding agencies or collaborators should acknowledge and mention the risks involved and the means of addressing the risk. Any budgetary implications for risks management need to be covered by the respective funding agency. The PI of the research project will ensure that this is met.

Risk Reporting

Risk Reporting will include the following: -

1. An incident report to be filled for every incident occurring in the Institution, Department or Research project, along with necessary documents enclosed
2. Adverse Event (AE) and Serious Adverse Event (SAE) format filled up and submitted to

the necessary authorities including the Narayana Institutional Ethics Committee, Sponsors patient's rights groups, governmental and non-governmental authorities, and regulatory authorities, as necessary. The IEC's Standard operating procedures will be adhered to with respect to all such risk reporting.

3. The project report done following completion of the project should specify and include details of the risks encountered during the project and necessary steps taken to mitigate the risks.

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24. Anti-Slavery Statement and Policy

Purpose and Scope

It is NMC' policy to ensure that our Institution and its employees are committed to complying with appropriate Indian legislations (including the Indian Slavery Act, 1843, Indian Constitution, 1950, Minimum Wages Act, 1948 and Bonded Labour System (Abolition) Act, 1976) and international guidelines designed to combat human trafficking, servitude and child labour. NMC is dedicated to ensuring that no modern slavery or trafficking is present in its system. These are in line with the objectives of Narayana towards working for the wellbeing of the society.

Due Diligence processes

1. All work is carried out in authorized premises or remote centres and closely monitored
2. Vendors and partners are screened before engagement, and are advised of the expected business behavior
3. All research studies are being reviewed for fulfilling the ethical guidelines (including informed consent & confidentiality) by the Institution Ethics Committee (IEC)
4. All Principal investigators and research staff are trained in ethics and good clinical practices (GCP) wherever required.
5. The IEC may audit any research study to determine if it meets with the international and national ethical guidelines
6. All staff are employed with proper screening and in accordance with the Institutional policy
7. Employees are educated of this Policy during induction
8. Reporting of any issue under this Policy may be informed to the Dean's office, which will handle such cases in coordination with the NMC HR Department.

Reference:

Wipro (2017). WIPRO'S ANTI SLAVERY AND ANTI HUMAN TRAFFICKING POLICY STATEMENT 2017.

<https://www.wipro.com/content/dam/nexus/en/investor/corporate-governance/policies-and-guidelines/ethical-guidelines/modern-slavery-statement-august-2017.pdf>

25. Biomedical Waste Management Statement and Policy

Scope and Purpose

It is NMC's commitment to handle bio-medical waste in any form in an appropriate manner as per the guidelines published by the Government and the regulatory authorities.

Bio-medical Waste (Management & Handling) Rules, 1998 were notified by the Ministry of Environment & Forests (MoEF) under the Environment (Protection) Act, 1986. In exercise of the powers conferred by Section 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986), and in supersession of the Bio-Medical Waste (Management and Handling) Rules, 1998 and further amendments made thereof, the Central Government vide G.S.R. 343(E) dated 28th March, 2016 published the *Bio-medical Waste Management Rules*.

Policy Statement

This Policy Statement affirms that Narayana Medical Institution and all its administrative units will comply with the *Biomedical Waste Management Rules, 2016*, the *Bio-Medical Waste Management (Amendment) Rules, 2018* and the regulations and notifications issued by the respective authorities of the Government of India, Government of A.P and other regulatory authorities.

This policy statement affirms that all research laboratories generating biomedical waste in NMC will comply with the NMC standard operating procedures for biomedical waste management based on the *Biomedical Waste Management Rules*.

The Narayana Biomedical Waste Management Unit, comprising committee members, will oversee the activities under this Policy. The members of Bio Medical Waste Management Unit at NMC include

1. Medical Superintendent (Chairperson)
2. Microbiology Faculty
3. Community Medicine Faculty
4. Hospital Infection Control Nurse/ Officer
5. Facilities Manager
6. Nursing Superintendent
7. Senior Faculty (Surgery)
8. Senior Faculty (Emergency)
9. Senior Faculty (Gynaecology & Obstetrics)
10. OT Nurse / Technician/ Assistant
11. Senior Faculty-Laboratory Services
12. Blood Bank/ Storage Unit Technician
13. Housekeeping In charge
14. Pharmacist
15. Health Inspector
16. Central Waste Storage Area incharge
17. Infection Control Nurses (at least three)

Policy Guideline References

Compliances towards the Biomedical Waste Management Regulations, and measures adopted are available the following link on the Narayana medical institution Website.

Biomedical Waste Management Rules, 2016

https://dhr.gov.in/sites/default/files/Bio-medical_Waste_Management_Rules_2016.pdf

Bio-Medical Waste Management (Amendment) Rules, 2018

[https://pcb.ap.gov.in/APPCBDOCS/Tenders_Noti//WasteManagement//Bio%20medical%20waste%20management%20\(amendment\)%20Rules%202018.pdf](https://pcb.ap.gov.in/APPCBDOCS/Tenders_Noti//WasteManagement//Bio%20medical%20waste%20management%20(amendment)%20Rules%202018.pdf)

Guidelines for Management of Healthcare Waste as per Biomedical Waste Management Rules, 2016

<https://tspcb.cgg.gov.in/Shared%20Documents/Guidelines%20for%20Management%20of%20Healthcare%20Waste%20Waste%20Management%20Rules,%202016%20by%20Health%20Care%20Facilities.pdf>

26. Environmental Policy

Purpose and Scope

It is NMC's commitment to reduce the impact of its activities on the environment and promote environmental protection by focusing the impact of environmental issues on health and wellbeing. NMC will also promote environmental-friendly practices. This policy is in line with the applicable laws and regulation and international guidelines. The objectives of this policy are in line with the objectives of Narayana towards, working for the wellbeing of the society and aligning with the United Nations sustainable developmental goals.

Objectives of this Policy

1. To ensure that all activities are conducted within the campus are in an environmentally conscious manner, with an intention to reduce any negative impact on the environment.
2. To promote change and enable a transformation towards promotion of environment protection and practices for the good of the communities to improve health and wellbeing.
3. To educate and engage students, faculty and employees on environmental concerns and sustainability.
4. To recognize and appreciate the efforts of students, faculty and employees towards environment conservation and sustainable development.
5. To promote and encourage innovations and startups for sustainable development.
6. To encourage initiative on afforestation, landscape and ecosystem restoration, waste water conservation, water quality maintenance, waste management, clean energy sources and climate change mitigation.

Policy Statement and Commitments

1. Wherever feasible NMC will ensure that its activities have minimal impact on the environment through several measures implemented including: -
2. Investment in clean energy wherever feasible, and smart technology with an intention of reducing the carbon footprint
3. All researchers and particularly Principal Investigators of all research studies will assess the environment risks and impact for each project and reduce any impact on the environment and promote environment protection.
4. Training, educating and creating awareness for the staff of the environmental issues and promoting environmental protection.

5. Efficient management of waste generated with an intention to reduce, re-use and recycle using a color-coded waste disposal system.
6. Strict compliance with management biomedical wastes. A separate Biomedical waste disposable policy is available for NMC based on the Biomedical Waste management rules.
7. Providing leadership and implementation for environment and health programs that are advocated by the Institution such air pollution and health, river water quality monitoring system, etc.
8. Encouraging office activities which focus on the environment.
9. Work with other organizations and collaborators on environment safety and the impact of environment on health.
10. Setup a system for wastewater purification and recycling on campus.
11. Make necessary recommendations to the government, policy-makers and international authorities regarding the necessary steps required to promote environmental protection and reducing the impact of air and water pollution on human health.
12. Fostering research and development of new technologies and process that impact climate change, environment, and health, etc.
13. Reviewing the environmental policy, activities and programs and taking necessary steps to optimize environmental protection.
14. To help build up a society that has a conservation-oriented attitude and exists in harmony with nature.

References

1. Making Peace with Nature A scientific blueprint to tackle the climate, biodiversity and pollution emergencies (2021), United Nations Environment Program <https://sdgs.un.org/publications/publication-making-peace-nature-scientific-blueprint-tackle-climate-biodiversity-and>
2. United Nations- Sustainable Development Goals : <https://sdgs.un.org/goals> Goal 6 – Clean water and sanitation
Goal 7- Affordable and clean energy
Goal 11 – Sustainable cities and communities
Goal 12 – Responsible consumption and production Goal 13 – Climate action
Goal 14 – Life below water Goal 15 – Life on Land
3. PWC- Environment Policy: <https://www.pwc.in/assets/pdfs/aboutus/environment-policy.pdf>
4. AICTE environmental policy: <https://www.aicte-india.org/sites/default/files/Environment%20Policy%20Final.pdf>

27. Child Protection and Safeguarding Policy

Purpose and scope

The purpose of this policy is to protect people, particularly children, children who volunteer to participate in research studies, and at-risk adults from any harm that may be caused due to their coming into contact with NMC. This includes harm arising from:

- The conduct of staff or any personnel associated with NMC
- The design and implementation of NMC services and activities

The policy lays out the commitments made by NMC and informs staff and associated personnel of their responsibilities in relation to safeguarding.

This policy does not cover:

- Sexual harassment in the workplace – this is dealt with separately under the NMC Internal Complaints Committee and Policy
- Safeguarding concerns in the wider community not perpetrated by NMC or associated personnel

This policy applies to anyone working on behalf of NMC or working in any Research Project administered by NMC, including executives, faculty, staff, senior managers, board of trustees, paid staff, contractual research project staff and volunteers, workers, contracting agency staff and students.

Definition of Safeguarding:

Safeguarding means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring; to protect people, especially children and vulnerable adults, from that harm; and to respond appropriately when harm does occur. In the context of NMC, we often use this to apply to the safety and welfare of people involved in the delivery of health services and public engagement activities and research activities.

Policy Statement

NMC believes that all individuals who come into contact with the organization, either in person or through digital channels, regardless of age, gender, disability or ethnic origin has the right to be protected from all forms of harm, abuse, neglect and exploitation. NMC will not tolerate abuse and exploitation by staff or associated personnel.

This policy will address the following areas of safeguarding: child safeguarding, adult safeguarding, and protection from sexual exploitation and abuse. These key areas of safeguarding may have different policies and procedures associated with them (see Associated Policies).

NMC is committed to addressing safeguarding throughout its engagements and work, using three key approaches of prevention, reporting and response.

Prevention:

NMC' responsibilities

- Ensure all employees, staff, students have access to, are familiar with, and know their responsibilities within this policy
- Design and undertake all its services, activities and research in a way that protects people from any risk of harm that may arise from their coming into contact with NMC either in person or through our digital channels.
- Ensure all staff understand and sign up to NMC Safeguarding Code of Conduct.
- Follow up on reports of safeguarding concerns promptly and according to due process.

Staff responsibilities Child safeguarding

NMC employees, staff and students and associated personnel must not:

- Engage in sexual activity with anyone under the age of 18
- Sexually abuse or exploit children
- Exchange money, employment, goods or services for sexual activity. This includes any exchange of assistance that is due to beneficiaries of service or research volunteers – either in person or on-line
- Subject a child to physical, emotional or psychological abuse, or neglect – either in person or on line
- Engage in any commercially exploitative activities with children including child labour or trafficking

Adult safeguarding

NMC employees, staff and students and associated personnel must not:

- Sexually abuse or exploit at-risk adults
- Subject an at-risk adult to physical, emotional or psychological abuse, or neglect – either in person or on-line

NMC employees, staff and students and associated personnel are obliged to:

- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding Policy.
- Report any concerns or suspicions regarding safeguarding violations by an NMC employee, staff member, student or associated personnel to the appropriate authority.

Reporting

NMC will ensure that safe, appropriate, accessible means of reporting safeguarding concerns are made available to staff and the populations we work with.

Any personnel reporting concerns or complaints will be protected by NMC Whistleblowing Policy.

NMC will also accept complaints from external sources such as patients, research volunteers, collaborators and other official bodies.

28. Procedure for reporting a safeguarding concern:

Employees, Staff members or Students who have a complaint or concern relating to safeguarding should report it immediately to their respective reporting authority such as the Head of Department, Vice Dean (Undergraduate or Postgraduate). If the staff member or student does not feel comfortable reporting to their respective reporting authority (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to any other appropriate authority such as the Dean, Medical College, Chief of Medical Services, Hospital, Chief of Nursing Services, Hospital, Coordinator (Hospital & College) etc.

Response

NMC will follow up safeguarding reports and concerns according to policy and procedure.

NMC will apply appropriate disciplinary measures to employees, staff or students if found in breach of policy.

NMC will offer support to survivors of harm caused by an employee, staff, student or associated personnel, regardless of whether a formal internal response is carried out (such as an internal investigation). Decisions regarding support will be led by the survivor.

Definitions

Child

A person below the age of 18.

Harm

Psychological, physical and any other infringement of an individual's rights.

Psychological harm

Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.

Protection from Sexual Exploitation and Abuse (PSEA)

The term used by the humanitarian and development community to refer to the prevention of sexual exploitation and abuse of affected populations by staff or associated personnel. The term derives from the United Nations Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13).

Safeguarding

Safeguarding means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur. In our sector, we often use this to apply to the safety and welfare of people involved in the delivery or receipt of humanitarian aid and development assistance.

Sexual abuse

The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual exploitation

The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Survivor

The person who has been abused or exploited. The term 'survivor' is often used in preference to 'victim' as it implies strength, resilience and the capacity to survive, however it is the individual's choice how they wish to identify themselves.

At-risk adult

Sometimes also referred to as vulnerable adult. A person who is or may be in need of care by reason of mental or other disability, gender, sexual orientation, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

References:

This safeguarding policy was written up and derived from the safeguarding policy of Avert, a UK based Charity.

1. Safeguarding Policy – Avert, 2019 <https://www.avert.org/safeguarding-policy>
2. NSPCC Learning – 2019 –“Example of a Safeguarding Policy”
<https://learning.nspcc.org.uk/media/1601/safeguarding-policy-statement-example.pdf>
3. National Child Protection Policy, 2018. Ministry of Women and Child Development
https://wcd.nic.in/sites/default/files/Download%20File_1.pdf

29. Child Labour Policy

Purpose and Scope

Narayana Medical College (NMC) is owned and operated by the Narayana Educational Society for Medical Education, headed by the Dean, and co-administered by the Coordinator.

Children are a valuable asset for any society. They constitute a very large segment of our population. As per 2011 Census, the persons below the age of 14 years account for 29% of the total population while persons between the age group 14-18 years account for another 10% of the total population. The child's natural place is at school and the playground. However, many children are unfortunately denied these basic development opportunities in childhood. They instead get burdened with work because of poverty, irregular income streams for the family, economic shocks, ignorance, lack of access to social security, education, health facilities and food security.

Government of India enacted legislation (1986) and prepared the national policy on child labour (1987) to tackle the problem with a multi-pronged approach and to prohibit the engagement of children in certain employments and to regulate the conditions of work of children in certain other employments.

The purpose of the NMC child labour policy is to align with the national policy on Child labour and ensure that children are not employed or engages in work at the organization.

Policy Statement:

1. NMC will not employ any child below the age of 18 years and will be compliant to the Child Labour (Prohibition & Regulation) Act of 1986.
2. The Human resource department of NMC will verify all government recognized or provided age-proof documents prior to any employment as per Institutional procedure.
3. If any child approaches NMC for employment, he/she will be counselled and referred to a Government rehabilitation facility under the National Child Labour Project Scheme (NCLP).
4. All faculty, employees and staff of NMC will be made aware of this policy to ensure compliance with the policy and the Act.

References:

1. Child Labour Policies, Ministry of Labour and Employment. Govt. of India.
<https://labour.gov.in/childlabour/child-labour-policies>
<https://labour.gov.in/sites/default/files/PolicyofGovernmenontheissueofChildLabour.pdf>
2. The Child Labour (Prohibition and Regulation) Act, 1986. Govt. of India.
https://labour.gov.in/sites/default/files/act_3.pdf

30. Accessibility and Disability Policy

Purpose and Scope

Narayana Medical College (NMC) is committed to providing an inclusive, accessible, safe, and non-discriminatory environment for persons with disabilities, in accordance with applicable Indian laws and guidelines.

Definition of Disability

“Person with disability” means a person with a long-term physical, mental, intellectual, or sensory impairment which, in interaction with barriers, may hinder full and effective participation in society on an equal basis with others.

“Person with benchmark disability” means a person with **40% or more of a specified disability**, as defined under applicable law.

Supplementation

NMC shall:

- Ensure recruitment and admission processes provide **equal opportunity** and are based on qualifications, aptitude, and ability.
- Provide reasonable **workplace and academic accommodations, assistive aids, and accessibility measures**, wherever feasible.
- Develop individual support and **emergency plans**, where required.
- Conduct disability-awareness programmes for faculty, staff, and students.
- Facilitate suitable placement and employment based on **skills, qualifications, and abilities**.
- Modify access to laboratories, classrooms, infrastructure, and other facilities according to individual accessibility requirements, wherever feasible.

Policy Statement

NMC shall:

- Provide **equal opportunities** in admission, recruitment, education, training, and employment.
- Provide **accessible, safe, and inclusive facilities** and reasonable accommodations, wherever feasible.
- Respect the **dignity, autonomy, independence, and choices** of persons with disabilities.
- Prevent discrimination and provide appropriate **support, information, and assistance**.
- Promote inclusive teaching, learning, training, and workplace practices.
- Maintain appropriate records of employees with disabilities, subject to privacy requirements.
- Ensure that research involving persons with disabilities complies with **applicable ethical and legal requirements**, including informed consent and required approvals.

Implementation

NMC shall:

- Ensure recruitment and admission processes provide **equal opportunity** and are based on qualifications, aptitude, and ability.
- Provide reasonable **workplace and academic accommodations, assistive aids, and accessibility measures**, wherever feasible.
- Develop individual support and **emergency plans**, where required.
- Conduct disability-awareness programmes for faculty, staff, and students.
- Facilitate suitable placement and employment based on **skills, qualifications, and abilities**.
- Modify access to laboratories, classrooms, infrastructure, and other facilities according to individual accessibility requirements, wherever feasible.

References:

1. The Rights of Persons with Disabilities Act, 2016, Govt. of India
https://legislative.gov.in/sites/default/files/A2016-49_1.pdf
2. Adapt: Code of Policy and Practice for People with Disabilities
<http://www.adaptssi.org/img/brochure/copp.pdf>

31. Equality, Diversity, and Inclusivity Policy

Purpose and Scope

NMC is committed to encouraging equality, diversity and inclusion among our workforce, and eliminating unlawful discrimination.

The aim is for our workforce to be truly representative of all sections of society and our clients and collaborators, and for each employee to feel respected and able to give their best.

The organization - in providing services, research activities and/or facilities - is also committed against unlawful discrimination of clients, collaborators or the public.

The policy's purpose is to:

- provide equality, fairness and respect for all in our employment, whether temporary, part-time or full-time.
- not unlawfully discriminate because of caste, race, ethnicity, descent, colour, sex, sexual orientation, gender identity, gender expression, tribe, nationality, disability, marital status, pregnancy, health (including HIV / AIDS status), occupation, political opinion and belief, linguistic identity, place of birth, age, migration, religion, refugee status, socio-economic disadvantage, food preference or any combination of these characteristics.
- oppose and avoid all forms of unlawful discrimination. This includes in pay and benefits, terms and conditions of employment, dealing with grievances and discipline, dismissal, redundancy, leave for parents, requests for flexible working, and selection for employment, promotion, training or other developmental opportunities.

Policy Statement and Commitments:

NMC commits to:

- Encourage equality, diversity and inclusion in the workplace as they are good practice and make business sense.
- Create a working environment free of bullying, harassment, victimization and unlawful discrimination, promoting dignity and respect for all, and where individual differences and the contributions of all staff are recognized and valued.
- This commitment includes training leaders, managers and all other employees about their rights and responsibilities under the equality, diversity and inclusion policy. Responsibilities include staff conducting themselves to help the organization provide equal opportunities in employment, and prevent bullying, harassment, victimization and unlawful discrimination.
- All staff should understand they, as well as their employer, can be held liable for acts of bullying, harassment, victimization and unlawful discrimination, in the course of their employment, against fellow employees, clients, collaborators, suppliers and the public
- Take seriously complaints of bullying, harassment, victimization and unlawful discrimination by fellow employees, customers, suppliers, visitors, the public and any others in the course of the organization's work activities.

- Such acts will be dealt with as misconduct under the organization's grievance and/or disciplinary procedures, and appropriate action will be taken. Particularly serious complaints could amount to gross misconduct and lead to dismissal without notice.
- Make opportunities for training, development, and progress available to all staff, who will be helped and encouraged to develop their full potential, so their talents and resources can be fully utilized to maximize the efficiency of the organization.
- Decisions concerning staff being based on merit
- Review employment practices and procedures when necessary to ensure fairness, and also update them and the policy to take account of changes in the law.
- Monitor the make-up of the workforce regarding information such as age, sex, ethnic background, sexual orientation, religion or belief, and disability in encouraging equality, diversity and inclusion, and in meeting the aims and commitments set out in the equality, diversity and inclusion policy.
- Monitoring will also include assessing how the equality, diversity and inclusion policy, and any supporting action plan, are working in practice, reviewing them annually, and considering and taking action to address any issues.

The equality, diversity and inclusion policy is fully supported by the senior management of NMC.

Details of the NMC' grievance and disciplinary policies and procedures in the next chapter. This includes with whom an employee should raise a grievance.

References:

1. The Draft Equality (Prohibition of Discrimination) Bill, 2021 – Centre for Law and Policy Research

<https://clpr.org.in/wp-content/uploads/2020/01/Equality-Bill-2021-8th-January-2021.pdf>

2. Equality Rights – Article 14-18, Govt. of India.

<https://iitr.ac.in/internalcomplaintscommittee/annexure.pdf>

32. Grievance Redressal policy

Purpose and Scope

Narayana Medical College (NMC) is owned and operated by the Narayana Educational Society for Medical Education, headed by the Dean and co-administered by the Coordinator.

The Governing Board of Narayana Medical College (NMC) approved the new Grievance Redressal Policy on 1 October 2026. This policy replaces the previous policy on “redressal of grievances” in the service rules of Narayana Medical College and Hospital.

Purpose

The Grievance Redressal Policy of Narayana Medical College (NMC) is intended to provide a platform for all its employees to voice and redress their grievances related to employee-employee relationships, employee-employer relationships and the work environment in NMC. The Grievance redressal policy seeks to create a healthy work environment that enables NMC employees to pursue professional growth with equal opportunity and contribute to the mission of the Institution to the best of their abilities without fear or favour.

Scope:

The policy is applicable to employees of NMC, namely:

- Narayana Medical College –pre-clinical departments.
- Narayana Medical College –para-clinical departments
- Narayana Medical College –clinical includes Broad-specialty departments
- Narayana Medical College –clinical includes Super-specialty departments

Annexure I: Research Proposal Format

PART I: GENERAL INFORMATION		
1	Title of Research Project Proposal	
2	Name of the Principal Investigator	
	Designation	
	Name of the Institution	
	Address	
	E-mail ID	
	Mobile No.	
3	Name of the Co-Investigator	
	Designation	
	Name of the Institution	
	Address	
	E-mail ID	
	Mobile No.	
4	a. Proposed duration of the Research / Project Proposal	
	b. Proposed date of commencement of Project	
5	Amount of Grant Proposed (in Rupees)	
	a. Fixed Assets	
	b. Consumables	
	c. Others (Please specify)	
	Total Amount in Rupees Please Note : No grants for travel & other expenses.	
6	Name of the Department where project will be carried out	
	Other Departments, if any, which will cooperate in this project	
	Details of financial support sought / obtained for the proposed project from other agencies if any	
7	Name of the constituent department submitting the application	

Date :

Name & Signature of the Principal Investigator

CERTIFICATE

I have gone through the policies/rules NMC research grants and

1) I agree to abide by the terms and conditions set forth for the Research Grants scheme of the NMC and certify that basic necessary facilities for the proposed work are available and the same will be extended to the investigators(s).

2) I certify that in case of the present investigator is not available for any reason to continue the work on the project/facilities alternate arrangements will be made to employ suitable person/persons.

3) I certify that separate accounts will be kept for funds received from NMC/funding agency and spent on the Project/facilities and the same will be made available to the Auditors of this institution.

PRINCIPAL INVESTIGATOR

HEAD OF THE DEPARTMENT

DEAN

PART II: TECHNICAL DETAILS OF PROJECT PROJECT DETAILS

1. Rationale and background

(Maximum 1 page)

Enter text here

2. Objectives and outcomes

This section should answer the question “Why is this project needed?”. List up to 3 major objectives and their related outcomes. Objectives should be **SMART** (Specific, Measurable, Achievable, Realistic and Time Bound) and include as relevant research and capacity building objectives.

Objectives (in SMART format)	Expected outcomes (the impact or changes in the field that the project will have contributed to)
1.	
2.	
3.	

3. Design and methods

Describe the design and the methods to be used. (Maximum 2 pages).

Enter text here

4. Results uptake and use; sustainability

Explain the approach envisaged to facilitate the application and use of the project results to make a change (i.e. contribute to an outcome). Explain how the outcomes are expected to become sustainable. Include the assumptions used. (Maximum 1 page).

Enter text here

5. Dissemination of results and publication

Please indicate how you intend to disseminate your results and who is your target audience is?(Maximum 1 page)

Enter text here

6 . Risk management.

Enumerate potential risks(if any) to the successful achievement of project objectives, along with proposed measures to mitigate those risks.

7. Project team.

List the project team by filling in the table below. Add as many lines as needed.

Name	Institution name	Expertise	Role in the project

Please provide brief CVs as an appendix for each of the team members. Each CV should be maximum one page long, with the exception of PI's CV which can be of maximum four pages. Preferably, all CVs should be merged into one appendix.

8. Collaboration.

Describe collaborations with other research institutions, national or regional. If applicable, attach letters of support from collaborating scientists and institutions.

Enter text here

9. List bibliographic references included in the proposal. (Maximum of 10)

Enter text here

Name	Designation	Signature	Date
	Principal Investigator		

[Add as many lines as needed]

Proposed Budget with justification under the following categories:

Sl.	Categories	1 st Year (A)	2 nd Year (B)
1	Professional fee (i.e. Manpower cost): provide cost split of permanent employees and contracted staff.		
2	Equipment cost		
3	Consumables and Reagents		
4	Cost of data collection/ conduction of surveys		
5	Cost of travel and communication		
6	Miscellaneous costs (Printing, stationary, Typing etc.)		
7	Cost of converting projects to publications		
8	Any other (specify)		
9	Total		
10	Grand Total (A+B)		

Facilities and resources available within the institution for pursuing the project.

Note: The selection panel may contact the PI/ Co-PI in case of any clarifications with respect to the research proposal. The participants may be required to make a presentation to the panel during the selection process.

PART III: Details of Investigators

Please include updated CVs including Publications and honors/ awards of the PI and Co-PI.

Roles and Responsibilities

1. Principal Investigator (PI)

- May, with their consent, co-opt faculty members as Co-PIs or Co-Investigators, as appropriate.
- Prepare research proposals in accordance with the rules and regulations of the funding agency and the Research Policy of NMC.
- Submit all sponsored research proposals through the Research Coordinator.
- Ensure that the approved research project is completed satisfactorily within the sanctioned budget and project period.
- Ensure the accuracy, completeness, and timely submission of all technical and progress reports required by the sponsor.
- Ensure timely completion of all project-related financial requirements and submission of financial statements to the sponsor.
- Correspond with the sponsor regarding the timely release of sanctioned funds, with a copy to the Research Coordinator.
- In consultation with the Research Coordinator, ensure compliance with applicable financial, administrative, ethical, institutional, and **NMC** requirements.

- In consultation with the Research Coordinator's Office, review and approve final payments to subcontractors, subject to institutional financial procedures.

2. Research Coordinator

- Oversee and administer the institutional Research Policy.
- Establish and coordinate procedures for the scrutiny and approval of intra-mural research proposals.
- Approve funding for eligible intra-mural research projects as per institutional policy.
- Ensure timely review and monitoring of intra-mural and extra-mural research projects.
- Facilitate the identification, protection, and management of institutional intellectual property.
- Organize training and capacity-building programmes on research proposal writing, scientific writing, publication, and research methodology.
- Promote awareness among faculty and researchers regarding national and international funding opportunities and research collaborations.
- Promote ethical conduct in research and ensure appropriate action in cases of research misconduct or breach of institutional research standards.
- Establish research Key Performance Indicators (KPIs) and periodically review institutional research performance.

3. Research Advisory Committee (RAC)

The **Research Advisory Committee (RAC)** shall provide institutional oversight and guidance for faculty and student research and shall formulate guidelines for the planning, conduct, review, and monitoring of research projects.

Composition

Chairperson	Dean, NMC
Co-Chairperson	Coordinator, NMCH
Convener/Member Secretary	Research Coordinator
Members	Heads of all Pre-clinical, Para-clinical, and Clinical Departments
Member, where required	Finance representative

Research Incentive Committee:

A Research Incentive Committee may be constituted to scrutinize and recommend incentive claims.

- Members of the RAC, other than the Dean, shall ordinarily serve for a **two-year term**.
- RAC members shall be nominated by the Dean.
- The RAC shall meet **at least once every quarter** during the academic year.
- **One-third of the total RAC membership shall constitute the quorum.**
- Subject experts may be co-opted, as required, for appraisal of specific research proposals.

Functions of the RAC

- Scrutinize research proposals submitted by faculty and students for scientific merit, feasibility, methodology, and institutional relevance.
- Co-opt subject experts, when required, for specialized review of research proposals.
- Identify and recommend institutional research priorities and major thrust areas.
- Periodically review the progress and status of approved research projects.
- Develop and recommend regulations and guidelines for responsible and ethical conduct of research.
- Promote and facilitate interdisciplinary and collaborative research programmes.
- Evaluate eligible institutional research projects for intra-mural funding and recommend funding support in accordance with institutional policy.
- Review research performance and provide recommendations for improving the quality, impact, and visibility of institutional research.