



*DIRECTORATE OF RESEARCH AND INNOVATIONS*

**RESEARCH PROGRESS REPORT**

<b>Reporting Date</b>	
<b>PI Name</b>	
<b>Title of the Research</b>	
<b>Research period</b>	
<b>Summary of progress/status</b>	
<b>Adverse events (if any)</b>	
<b>Conclusion</b>	
<b>Recommendations for improvement of health services or for review of policy (if any)</b>	
<b>Recommendations for further research (if any)</b>	
<b>Status of research</b>	<input type="checkbox"/> Will continue until..... (date) <input type="checkbox"/> Will end on ..... (date)

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*Signature of PI*