



DIRECTORATE OF RESEARCH AND INNOVATIONS

RESEARCH PROGRESS REPORT

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

Signature of PI