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**KENYA MEDICAL RESEARCH INSTITUTE**

**DEPUTY DIRECTOR COMMITMENT FORM**

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| **INTERNAL RESEARCH GRANTS** | |
| 1. **DEPUTY DIRECTOR INFORMATION** | |
| **Name:** |  |
| **Designation:** |  |
| **Centre:/Dept:** |  |
| **E-Mail:** |  |
| **Cell:** |  |
| 1. **PI INFORMATION** | |
| **Name:** |  |
| **Designation:** |  |
| **Centre:/Dept:** |  |
| **E-Mail:** |  |
| **Cell:** |  |
|  | |
| **3. Commitment Statement:**  **This agreement outlines the goals and expectations agreed upon by the supervisor and the PI.**  **That I (Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agrees to Supervise (PI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the awarded project all through the project cycle and towards achieving the project goals.**  **4.Specific Roles**  **a) Provide the necessary guidance, oversight and supervision to the PI.**  **b) Assist the PI to obtain the necessary infrastructure within the centre.**  **c) Assist the PIs obtain the necessary approvals required for the project.**  **d) Ensure that the project is implemented within the agreed timelines.**  **e) Approve expenditures strictly as per the award**  **f) To ensure that the duly quarterly reports are submitted to the IRG secretariat on time.**  **g) To ensure smooth requisition of funding and other resources for the PI**    **Name of Supervisor/Deputy Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of PI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    *N/B (That a supervisor shall be the Deputy Director to a centre where the study is aligned*). | |

**END**