

**KENYA MEDICAL RESEARCH INSTITUTE**

**DEPUTY DIRECTOR COMMITMENT FORM**

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| **INTERNAL RESEARCH GRANTS**  |
| 1. **DEPUTY DIRECTOR INFORMATION**
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| **Name:** |  |
| **Designation:** |  |
| **Centre:/Dept:** |  |
| **E-Mail:** |  |
| **Cell:** |  |
| 1. **PI INFORMATION**
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| **Name:** |  |
| **Designation:** |  |
| **Centre:/Dept:** |  |
| **E-Mail:** |  |
| **Cell:** |  |
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| **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**