



RESEARCH GRANT APPLICATION FORM

1.0	INFORMATION OF PROJECT LEADER
<p>NAME</p>	
<p>I/D NO I/C NO (NEW)</p>	
<p>TITLE OR POSITION (Indicate)</p> <p>1. MD 2. Phd 3. Scientist 4. Professor 5. Other</p>	
<p>Institution or Organization / Department</p>	
<p>TYPE OF SERVICE (Indicate) 1. Permanent 2. Contract 3. Other</p>	
<p>OFFICE TEL. NO.</p>	
<p>MOBILE NO.</p>	
<p>OFFICE FAX NO.</p>	
<p>E-MAIL</p>	

2. Research Title:

3. Please choose your field of research using National Institutes of Health (NIH) codes, categories, and titles

Activity Code
e.g: R01

Category
e.g: research Projects

Title
e.g: Research Project

4. Research Background & Description with Literature Cited

5. Research Objectives

-

6. Research Methodology (*please describe your methodology clearly with well planed flow chart*)

A large, empty rectangular box with a thin black border, intended for the applicant to describe their research methodology and include a flow chart. The box occupies most of the page below the section header.

7. Summary Of Relevant Past Research Project

A. Project Title
B. Relevance to proposed project
C. Organization(s) that were involved in the project (Please indicate the organization that led the project)
D. Names of senior staff <ul style="list-style-type: none">• Project leader:• Key researchers:
E. Description of the project (Please indicate project beneficiaries, research approach adopted and outputs)

8. Expected Outcome

9. Gantt Chart with Milestones Clearly Indicated

PROJECT ACTIVITIES	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24
Example																								
1) Literature Survey	█																							
2) Interventional (Clinical Trial)		█																						
3) Outcome Measures			█				●																	

● Milestone

10. Utilization of Existing Facilities

No.	Name of Facilities / Equipment	Location

11. Utilization of Staffs

No.	Member's Name	Institution or Organization	Tel. No	Staff ID	Man / Month	Signature

12. Identify Collaborations or Industrial Linkages

No.	Name of the Organization	Contact Person & Address	Role

13. Budget

BUDGET <i>Indicate estimated budget for the research proposal</i> <i>Provide complete details of expenditure</i>			
	<i>Budget Details</i>	<i>Amount requested by applicant</i>	<i>Amount Recommended by Research Committee</i>
	<i>Provide complete details of expenditure 1</i>		
	<i>Provide complete details of expenditure 2</i>		
	<i>Provide complete details of expenditure 3</i>		
	<i>Provide complete details of expenditure 4</i>		
	<i>Provide complete details of expenditure 5</i>		

	<i>Provide complete details of expenditure 6</i>		
	<i>Provide complete details of expenditure 7</i>		
	TOTAL AMOUNT		

Signature:

Date: _____

Name:

Title or Position:

Institution or Organization / Department: