Research ID:	

To be filled by RMC

## GRANT APPLICATION FORM (1/2020)



Incomplete form will be rejected

Text in italics is explanatory and should be deleted in completed documents.

A.	RESEAR	CH IDENTIFICA	TION				
i.	Title						
ii.	Proposed	d Budget (RM)					
iii.	Duration	of this Researc	h (Maximum	24 months)			
	a. Durat	tion (Months)					
	b. Start	(Month/Year)					
	c. End (	Month/Year)					
В.	DETAILS	OF RESEARCH	ERS				
i.	Principal	Researcher					
	a. Staff	ID					
	b. Name	)					
	c. Facul	lty/Department					
	d. MyGF	RANTS ID					
ii.	Other Re	searchers					
No	Staff ID	Name	e	Faculty/	Department	Signature	MyGRANTS ID
1							
2							
3							
4							
5							
6							

C.	EXECUTIVE SUMMARY OF RESEARCH PROPOSAL (maximum 300 words)
	lease include the problem statement, objectives, research methodology, expected tput/outcomes/implication, and significance of output from the research)
D.	DETAILED PROPOSAL OF RESEARCH
i.	Background/ Literature Reviews (Justification and benefits of the proposed research, latest references)
ii.	Problem Statement (Significant and impactful)
iii.	<b>Objectives</b> (Research objectives shall be attainable within the stipulated duration, limit to 3 objectives)
iv.	Methodology (Includes equipment used and relevant activities)
٧.	Research Outcomes (Human capital developments, at least one (1) Indexed publication Scopus, WOS, or ERA, future research potential)

vi.	Location of Research / Eq	uipn	ner	nt A	۱va	iila	bili	ity	(A <sub>l</sub>	ppr	орі	riat	e lo	oca	tioi	n)								
vii.	Hypothesis/Research Que	stio	ns																					
viii	. Contribution																							
ix.	Expected Results																							
x.	References																							
xi.	Schedule List major activities involve for each activity under the	red i	in t	he d m	pro	opo	(s).	ed i		eaı	rch	n. P	Plac	e a	an (	(x)	th	at i		ica	s d	ura	ıtio	'n
	Activity	1	2	3	4	5		7		9	10	11	12	1	2	3	4	5	6	7	9	10	11	12
а.																								
b.		+																						
C.	_																							
d.																								
e.		$\top$																						
								ı	ı	ı	ı			<u>I</u>			<u>I</u>	ı	ı	<u>I</u>				

Please indicate your estimated budg the guidelines attached.	get for this I	research and de	tails of expend	iture according to
	A	MOUNT REQUE	STED	
BUDGET DETAILS	YEAR 1 RM	YEAR 2 RM	TOTAL	SUPPORTING DOCUMENT
Vote 11000 - Salary and Wages For Graduate Research Assistant (GRA) (PhD: RM700/ MSc: RM500)	500 or 700			
Vote 21000 - Travelling and Transportation (Max 40%) Data collection and meeting within the country, Conference presentation, Lodging, food, flight and taxi fares.	2000			
Vote 24000 - Rental Building, equipment, transport, etc.	0			
Vote 27000 - Research Materials and Supplies Books, journals, papers, chemicals, animals, etc	0			
Vote 28000 - Maintenance and Minor Repair Services Sand, cement, building, lab, equipment, etc	0			
Vote 29000 - Professional Services Hospitality, and other Services including Printing (Max 10%) Honorarium, consultation, training	500			
Vote 35000 - Small/Supplementary Equipment and Accessories (Max 40%) Special equipment (e.g. camera, tape recorder), upgrading of existing equipment, computer, printer	2000			
TOTAL AMOUNT	Max 5000			

F.	DECLARATION BY A	PPLICANT		
l he	reby declare that:			
		re are accurate, MEDIU has right to reject or to ca / inaccurate information given.	ancel the of	fer withou
Dat	e:	Applicant's Signature :		
G.	RECOMMENDATION	BY DEAN OF FACULTY/ HEAD OF DEPARTMENT	•	
		to give comments in terms of the academic merit, feat the department/unit/faculty/university/nation.	asibility and	relevance
		Comments	Yes	No
i.	Academic Merit:			
	a. Is the research p	ropose original?		
	b. Is the research p	propose innovative?		
ii.	Feasibility:		•	
	a. Can the research	n be completed in Malaysia?		
		ther destinations necessary, if proposed?		
		budget necessary?		
iii.		ch to the needs and objectives of:		
		aculty's program(s)?		
	b. Is it relevant to U			
	c. Is it relevant to t	he Nation?		
Sig	nature:			
Fu	I Name			
Fa	culty			
Da	te			

Н.	EVALUATOR REC	OMMENDED BY DEAN (Evaluator must be Professor or Associate Professor)
i.	Name (with Title)	
	Area of Expertise	
	Affiliation	
ii.	Name (with Title)	
	Area of Expertise  Affiliation	
	Affiliation	
iii.	Name (with Title)	
	Area of Expertise	
	Affiliation	
	RECOMMENDED	BY CEO / DIRECTOR OF RMC (Please tick $\sqrt{\ }$ )
	Recommended:	
	A.	Highly Recommended
	B.	Recommended
	C.	Not Recommended (Please specify reason)
Con	nments:	
Sig	nature:	
Ful	I Name:	
	sition:	
Dat		

Note: APPLICATIONS SUBMITTED WILL BE TREATED IN FULL CONFIDENCE. THE DECISION OF THE RESEARCH GRANT SCHEME BY MEDIU IS FINAL.