

Project Code:



UCSI UNIVERSITY
RESEARCH GRANT SCHEME FORM
(Cluster & Non-cluster)



A	TITLE OF PROPOSED RESEARCH:
B	DETAILS OF RESEARCHER
B(i)	Name of Project Leader: _____ IC / Passport Number: _____
B(ii)	Position (Please tick (√)): <input type="checkbox"/> Professor <input type="checkbox"/> Assoc. Prof. / Sen. Lect. <input type="checkbox"/> Lecturer
B(iii)	Faculty/School/Centre/ (Please provide full address): _____
B(iv)	Office Telephone No.: _____ Handphone No.: _____
B(v)	E-mail Address: _____
B(vi)	Date of first appointment with UCSI University: _____

B(vii)	<p>Type of Service (Please tick (√)):</p> <p><input type="checkbox"/> Permanent <input type="checkbox"/> Contract (State contract expiry date):</p>
C RESEARCH INFORMATION	
C(i)	<p>Please Fill accordingly:</p> <p>(A) RESEARCH CLUSTER (Please tick (√)):</p> <p> <input type="checkbox"/> Bioactive compound <input type="checkbox"/> Social Entrepreneurship & Management <input type="checkbox"/> Environmental & Sustainable Engineering <input type="checkbox"/> Teaching and Learning <input type="checkbox"/> Human Health </p> <p>(B) NON- RESEARCH CLUSTER</p> <p>Please state the Research Area: _____</p>
C(ii)	<p>Location of Research:</p>
C(iii)	<p>Duration of this research (Maximum 24 months):</p> <p>Duration: _____</p> <p>From : _____</p> <p>To : _____</p>

C(iv)	Other Researchers: <i>(Please include maximum 5 pages of curriculum vitae for each researcher)</i>					
	Bil	Name	IC / Passport Number:	Faculty/ School	Academic Qualification/ Designation	Signature
	1					
	2					
	3					
	4					
	5					

C(v)	Research projects that have been completed or ongoing by project leader for the last three years. Please provide title of research, grant's name, position, duration, year commence and year ending.					
	Title of Research	Grant's Name	Position / Role	Duration	Start Date	End Date

C(vi)	Please provide information on academic publications that has been published by the project leader for the last five (5) years. (Example: Journals, Books, Chapters in books, etc)		
	Title of publication	Name of journals/books	Year published

C(vii) Executive Summary of Research Proposal (maximum 300 words)
(Please include the problem statement, objectives, research methodology, expected output/outcomes/implication, and significance of output from the research project)

C(viii) Detailed proposal of research project:

(a) Research background including Problem Statement, Hypothesis/Research Questions, Literature Reviews, Related References and Relevance to Government Policy, if any.

(b) Objective (s) of the Research

Example:

This study embarks on the following objectives:

- 1) *To investigate*
- 2) *To assess.....*
- 3) *To investigate*
- 4) *To make recommendation based on*

(c) Methodology

Please state in the form

1. ***Description of Methodology***
2. ***Flow Chart of Research Activities (Please enclose in the Appendix)***
3. ***Gantt Chart of Research Activities (Please enclose in the Appendix)***
4. ***Milestones and Dates***

(d) Expected Results/Benefit

1. ***Novel theories/New findings/Knowledge***
2. ***Research Publications***
3. ***Specific or Potential Applications***
4. ***Number of PhD and Masters (by research) Students***
5. ***Impact on Society, Economy and Nation***

D	ACCESS TO EQUIPMENT AND MATERIAL				
	Equipment	Location			
	<p>Example :</p> <p><i>HRTEM</i> <i>XRD</i></p>	<p>UiTM UKM</p>			
E	BUDGET				
	<p>Please indicate your estimated budget for this research and details of expenditure according to the guidelines attached.</p>				
	Budget details	Amount requested by applicant			Amount approved by DVC Academic Affairs & Research/ Head of CERVIE
		Year 1	Year 2	Total (RM)	
E(i)	Research Personnel				

E(ii)	Travelling allowance				
E(ii)	Communication and Utilities				
E(iv)	Research materials & Supplies				

E(v)	Professional services, other services & Hospitality				
E(vi)	Equipment				
E(vii)	Others				
TOTAL AMOUNT					

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F. DECLARATION BY APPLICANT (PLEASE TICK (√))

I hereby declare that:

- 1. All information stated here are accurate, CERVIE has right to reject or to cancel the offer without prior notice if there is any inaccurate information given.

- 2. Application of this research is also presented for the other reasearch grant/s (grant's name and total amount) _____

Date :

Applicant's Signature :

G. APPROVAL AT FACULTY LEVEL

PROPOSED BY HEAD OF R&I/ REPRESENTATIVE

PROPOSE / REJECT / RE-SUBMISSION

Date: _____

Signature and name of Head of R&I/
Representative

RECOMMENDATION BY DEAN'S FACULTY

RECOMMEND / REJECT / RE-SUBMISSION

Date: _____

Signature and name of Faculty Dean

G.

APPROVAL BY CERVIE/ DVC ACADEMIC AFFAIRS & RESEARCH

CERVIE

APPROVE / REJECT / RE-SUBMISSION

Name, Head of CERVIE

Date: _____

Name, DVC Academic Affairs & Research

Date: _____