PUSAT PENYELIDIKAN KLINIKAL (CRC)
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Research Application Form

Instructions

a) Please type or print all information
b) Return the completed forms and all required attachments to the CRC (address & e-mail as above). The applications can be mailed or emailed

Applicant's Details:

Name: _____ Institution&Dept: _____

Contact Phone: (O)_____ Mobile no:_____ Email: _____

Institution Address: _____

_____

Research Details:

Project Title:_____

_____

Please check the relevant box:

Category: ☐ Initiated Investigator Research (IIR) ☐ Industry Sponsored Research (ISR) ☐ Students → ○ Post Basic ○ Undergraduate ○ Master ○ PhD

Research project that you apply is for:

○ Individual

○ Group *(please specify below):*

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Study Duration: Start_____ End_____

Funding: ☐ Self ☐ MOH grant (to specify)_____ ☐ Sponsor (to specify)_____

Applicant's Signature: _____

Date:

For Office Use:

Officer in-charged : _____
Reviewed By : _____
Comment/Remark :_____