

RESEARCH PROJECT APPLICATION FORM

POST GRADUATE RESEARCH GRANT SCHEME (PGRS)

A. POST GRADUATE STUDENT INFORMATION

NAME	
STUDENT ID	
FACULTY/CoE	
PROGRAMME	
LEVEL OF STUDY	
MODE OF STUDY	
INTAKE DATE	
IGOT DATE	
CURRENT SEMESTER	
EMAIL	
HANDPHONE NO	

B. PROJECT LEADER / SUPERVISOR INFORMATION

NAME	
STAF ID	
FACULTY/CoE	
POSITION	
EMAIL	
HANDPHONE NO	

C. RESEARCH PROJECT INFORMATION

RESEARCH TITLE

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FIELD OF RESEARCH

(please choose your field of research using FOR & SEO Classification (MRDCS 6th Edition))

	Field of Research (FOR)	Socio Economic Objective (SEO)
Division		
Category		
Group		
Area		

RESEARCH BACKGROUND & DESCRIPTION WITH LITERATURE CITED

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RESEARCH OBJECTIVES**RESEARCH METHODOLOGY**

(please describe your methodology clearly with well-planned flow chart)



EXPECTED OUTCOME**UTILISATION OF EXISTING FACILITIES**

Name Of Facilities/Equipment	Location

BUDGET

Vote & Budget Details	Amount Request
<u>Vote 21000 Traveling and Transportation</u>	
<u>Vote 24000 Rental</u>	
<u>Vote 27000 Research Materials & Supplies</u>	
<u>Vote 28000 Maintenance and Minor Repair Services</u>	
<u>Vote 29000 Professional Services</u>	

GANTT CHART AND MILESTONES

PROJECT ACTIVITIES	YEAR 1				YEAR 2				YEAR 3			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Example												
1) Literature Survey												
2) Design of multi- pieces metal mould/die												
3) Fabrication of designed mould												

D. SCREENING SUMMARY BY FACULTY/CoE RESEARCH COMMITTEE

NO	EVALUATION CRITERIA	Insufficient		Acceptable		Very Good	
		1	2	3	4	5	
1	Completeness of application						
2	Capability & availability of project leader						
3	Capability & availability of research team						
4	Scientific merit of research objectives						
5	Research plan practicality						
6	Fairness of cost estimates						
7	Utilization of existing resources						
8	Fit with Faculty/CoE/UMP Focus Area						

E. RECOMMENDATION BY FACULTY/CoE RESEARCH COMMITTEE

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Recommended. Proposal to be submitted to the Research & Innovation Department

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Not Recommended. Proposal to be resubmitted after revision / modification

.....
(.....)
(Name & Signature)

.....
(Date)

F. ENDORSEMENT BY JKPP (JAWATANKUASA PENILAIAN PROJEK PENYELIDIKAN)

☐ Recommended☐ Not Recommended

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(Name & Signature)

(Date)

G. APPROVAL BY DEPUTY VICE CHANCELLOR RESEARCH & INOVATION

☐ Approved☐ Reject

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(Name & Signature)

(Date)