

Serial No: _____



PHOTOGRAPH

**PERSATUAN JURURAWAT MALAYSIA
(MALAYSIAN NURSES ASSOCIATION)**

RESEARCH/PROJECT GRANT APPLICATION FORM

A. DETAILS OF RESEARCHER. (INCOMPLETE FORM WILL BE REJECTED)

1. Full Name of Researcher / Project Leader: (Block Letter)		
2. NRIC Number:		
3. Post held:		
4. Name of Organization / Institution		
5. Working Address:		
6. Mailing Address:		
7. E-mail Address:		
8. Telephone No.	Office:	H/P:

B. MNA MEMBERSHIP

1. Life Membership No:	
2. Date of Joining:	

3. Contribution Towards The Activities of MNA: (Please attach paper if applicable)

C. ACADEMIC INFORMATION

1. Name of University/Institution:

2. Address:

D. PROPOSED RESEARCH / PROJECT TEAM MEMBERS

SN	Name	NRIC Number	University/ Institution	Post held.	Highest Academic Qualification/ Field of Study	E-mail Address:	Signature
1.							
2.							

E. RESEARCH / PROJECT INFORMATION

1. Title of Proposed Research / Project:

2. Duration of this Research / Project (Max. 18 Months): Duration: _____
 i. Start Date: _____ ii. End Date: _____

3. Location of Research / Project:

F. EXECUTIVE SUMMARY OF RESEARCH / PROJECT PROPOSAL.

Summary of Research/Project Proposal – (maximum 300 words) - Attached.

G. BUDGET: Please indicate the estimated budget for the Proposed Research / Project: RM

Bank Account No:

CIMB _____MAYBANK _____

DECLARATION BY APPLICANT:

I hereby declare that:

All information stated here is true. MNA has the right to reject the application if there is any inaccurate information given.

Signature of Applicant: _____

Name: _____

Date : _____

Note:

- Application submitted will be treated in **full confidentiality**. The award decision is final.
- Result of the application will be informed within 2 months of Submission.

OFFICE USE ONLY

Approved

Not Approved

Signature:	
Name:	Date:
Designation of Chairperson:	
