

Rev: V2 Date: 1/8/2020

SEGI UNIVERSITY RESEARCH FUND APPLICATION FORM

	,	•
Α	TITLE OF PROPOSED RESEARCH	
В	DETAILS OF RESEARCHER	
B (i)	Name of Project Leader:	IC/ Passport Number:
B (ii)	Position (Please tick [$\sqrt{\ }$]):	
	☐ Professor ☐ Associate Professor	
	☐ Senior Lecturer ☐ Lecturer	
	Qualification (Please tick [$\sqrt{\ }$]): Master \square PhD \square	
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 SEGi University:	



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B (vii)	Type of Service (Please tick [$\sqrt{\ }$]): \square Permanent \square Contract (State contract expiry date):
С	RESEARCH INFORMATION
C (i)	Research Area (Please tick [$\sqrt{\ }$]):
	A. Pure and Applied Sciences
	Chemistry Physics Biology
	Biochemistry Materials Science Mathematics
	Computer Science Biotechnology and Biophysic Statistics
	B. Technology and Engineering
	Mechanical & Manufacturing Electrical and Electronic Civil
	Materials and Polymer Chemical Engineering Information and Communication Technology
	Energy Transportation Built Environment
	Environment Technology Others, please state
	C. Clinical and Health Sciences
	Basic Medical Sciences Pharmacy Pharmacology
	Medical Microbiology Parasitology Pathology
	Community Medicine Clinical (Surgical) Clinical (Medical)
	Allied Health Science Dental Nursing Science
	Optometry



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	D.	Social Sciences			
		Anthropology		Psychology	Sociology
		Political Science		Management and Business	Geography
		Economic		Human Ecology	Communication
	E.	Arts and Applied Arts			
		Language and Linguistics		Literature	Religion
		Philosophy		Civilisation	History
		Creative Design		Culture	Education
		Law			
	F.	Natural Sciences and Nation	onal H	eritage	
		Environment		Forestry	Agriculture
		Marine		Archaeology	Geology
		Ethnography		Culture	
	G.	Defence and Security			
		Strategic & Policy Studies		Cyber Security	National Security & Public Wellbeing
		Defence Technology		Defense Management	Aerospace & Maritime
C (ii)	Locati	ion of Research:			



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C (iii)	Durati	Duration of this Research (maximum 24 months):							
	Durati	ion:							
	From	:			То :				
C (iv)		Researchers: se include your curricului	m vitae)						
	No.	Name		essport nber	Faculty/ School/ Centre	Acaden Qualifica Designa	tion/		gnature & Date
	1								
	2								
	3								
	4								
	5								
C (v)	Resea title o	arch projects that have f research, duration, co	been compommencem	pleted or are ent, and end	e on-going for the la	ast three (3)	years. P	lease	provide
		Title of Research		Grant's Name	Position	Duration	Start Da	ate	End Date
	l								



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C (vi)	Please furnish information on academic publications that have been published by the researchers for the last five (5) years. (Example: journals, books, chapters in books, etc.)						
	Title of Publication	Name of Journals/Books	Year Published				
C (vii)		n Proposal (maximum 300 words) d of research, literature review, objectives, r search project)	research methodology, and				
C(viii)	Detailed Proposal of Research F	Project:					
	(a) Research Background include	ling Hypothesis /Research Questions and Lite	rature Review.				
	Hypothesis						
	Research Questions						
	Literature Review						
	References						
	(b) Objective(s) of the Research						
	(i) The above objectives fulfi	Is the following criteria (please tick at least or	ne):				
	Preliminary work on untes	ted and novel ideas.					
	Ventures into emerging ar	nd potentially transformative research ideas.					
	Application of new expertis	se or new approaches to "established" research to	opic.				
		with regard to availability of, or access to d ck-response research on natural or anthropo					
	Efforts of similar character	likely to catalyse rapid and innovative advances.					



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E	BUDGET					
	Please indicate your esti guidelines attached.	imated budg	et for this	research	and detail	s of expenditure according to the
	Budget Details	Amour	nt Requesto	ed by App	Amount Approved by RIMC	
	Buuget Details	Year 1 (RM)	Year 2 (RM)	Year 3 (RM)	Total (RM)	Committee
E (i)	Vote 11000 - Salary and Wages					Please indicate the overall budget
E (ii)	Vote 21000 - Travelling and Transportation					
E (iii)	Vote 24000 - Rental					
E (vi)	Vote 27000 - Research Materials and Supplies					



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E (v)	Vote 28000 - Maintenance and Minor Repair Services			
E (vi)	Vote 29000 - Professional Services			
E (vii)	Vote 35000 - Accessories and Equipment			
	TOTAL AMOUNT			



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F	DECLARATION BY APPLICANT (Please tick [√]):
	I hereby declare that:
	1. All information stated here are accurate. SEGi University has the right to reject or to cancel the offer without prior notice if there is any inaccurate information given.
	2. Application of this research grant is also presented for the other reasearch grant/s (grant's name and total amount)
	3. I will abide and meet the targets as stated.
	Applicant's Signature :
	Applicant's Signature .
	Date :



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G	RECOMMENDATION BY DEAN / HEAD OF FACULTY / SCHOOL / CENTRE
	Please tick [$\sqrt{\ }$] and circle scale recommended. Recommendation:
	A. Highly Recommended 7 8 9 10
	B. Recommended 4 5 6
	C. Not Recommended (Please specify reason) 1 2 3
	Comments and explanation:
	[Please document your comments on extra sheets of paper should more spaces be needed] Name of Dean/ Head:
	Faculty/ School/ Centre:
	Signature:
	Date:



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н	RECOMMENDATION BY HEAD OF CLUSTER
	Please tick [$\sqrt{\ }$] and circle scale recommended. Recommendation:
	A. Highly Recommended 7 8 9 10
	B. Recommended 4 5 6
	C. Not Recommended (Please specify reason) 1 2 3
	Comments:
	[Please document your comments on extra sheets of paper should more spaces be needed]
	Name of Head of Cluster:
	Cluster:
	Faculty/ School/ Centre:
	Signature:
	Date:



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I	ASSESSMENT BY ETHICS COMMITTEE
	Please tick [$\sqrt{\ }$]. Recommendation:
	A. Approved, no ethical issues involved
	B. Require further refinement (Please see comments below)
	C. Rejected with severe ethical issues (Please see comments below)
	Comments:
	Signature:Chairperson, SEGi Ethics Committee
	Date:



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RECOMMENDATION BY DIRECTOR, RIMC								
Please tick Recomme	ː [√]. ndation:							
	A.	Highly Rec	commende	ed				
	В.	Recomme	nded					
	C.	Not Recommended (Please specify reason)						
Comments	s:							
				No. of Co- Researchers	:			
				Period & Duration	:			
				Budget Requested & Amended	:			
				Output	:			
				Special Mention (collaborative, inter-faculty, etc.)	:			
Signature:	Director, F	RIMC						
Date:								
	Please tick Recomments	Please tick [√]. Recommendation: A. B. C. Comments: Director, F	Please tick [√]. Recommendation: A. Highly Recommendation: B. Recommendation: Comments:	Please tick [\forall]. Recommendation: A. Highly Recommended B. Recommended C. Not Recommended Comments:	Please tick [√]. Recommendation: A. Highly Recommended B. Recommended (Please specify reasons) Comments: No. of Co- Researchers Period & Duration Budget Requested & Amended Output Special Mention (collaborative, inter-faculty, etc.)	Please tick [√]. Recommendation: A. Highly Recommended B. Recommended (Please specify reason) Comments: No. of Co- Researchers Period & Duration: Budget Requested & Amended Output : Special Mention (collaborative, inter-faculty, etc.) Signature: Director, RIMC	Please tick [\[\]]. Recommendation: A. Highly Recommended B. Recommended (Please specify reason) Comments: No. of Co- Researchers Period & Duration Budget Requested & Amended Output Special Mention (collaborative, inter-faculty, etc.) Signature: Director, RIMC	Please tick [√]. Recommendation: A. Highly Recommended B. Recommended (Please specify reason) Comments: No. of Co- Researchers Period & Duration Budget Requested & Amended Output Special Mention (collaborative, inter-faculty, etc.)



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K	RECOMMENDATION BY VICE CHANCELLOR/ DEPUTY VICE CHANCELLOR							
	Please tick [$\sqrt{\ }$]. Recommendation:							
	A. Approved							
	B. Not Approved (Please specify reason)							
	Comments:							
	Signature: Vice Chancellor/ Deputy Vice Chancellor							
	Date:							