APPLICATION FOR A FACULTY RESEARCH GRANT 2025 (Please refer to the Guidelines for Applicants- Grants for Scientific Research)

1. Project Title					
Research areas (Please specify)					
2. Research areas (Frease specify)					
3. Investigators					
Principal Investigator	Mailing address				
Name and Designation					
	Talankana				
Department	Telephone Fax				
Беранненн	E-mail				
Co investigator A					
Co-investigator – 1 (a) Name and Designation	Mailing address				
(a) Name and Designation					
	Telephone				
Institution/Department	Fax				
•	E-mail:				
Co-investigator – 2	Mailing address				
(b) Name and Designation					
	Talanhana				
Institution/Department	Telephone Fax				
mattation/Department	E-mail				
4. Collaborators					
Names and Designations (with Institutions/Departments)					
5. Budget					
5. Budget 5.1 Total Budget:					
-					
5.2 Requested amount from the Faculty Research Fund:					
6. Department/s where research is to be performed					
	10				
7. Is this a continuation of an on-going project? YES/N	10				
If not, expected starting date:-					
8. Financial Support					
	any other grant?				
(a) Is the proposed research currently being supported by any other grant?If so, please indicate the name of granting organization and give the amount and duration					
ii 50, piease iliulcate the name of granting organization and give the amount and duration					
(b) Is this application currently being considered elsewhere for funding? If so, by what organization/s; by					
what date is a decision expected?					

9. Previous Grants received from the Faculty Research Fund							
Name	Year/s	Amount/s received	Amount/s spent	Whether Fi Report submitte	produced		
By Applicant							
By internal collaborators							
10. Project Description	undinan ta tha	Cuidalinas an	d attack to the	Annlination	Do not avered 4 names		
11. Work plan	praing to the	Guidelines and	attach to the	Application.	Do not exceed 4 pages.		
	antt Chart to	cover the prop	osed period of	f study and a	ttach to the Application.		
12. Indicators of progress		cover the prop	occu periou ci	olday and a	паст се ите тррпеанет.		
		cators that will	be used to me	asure the pr	ogress of the proposed		
study and attach to t	he Application	on. Do not ex	ceed one pag	e			
13. Output				. ,			
The final output of the	e study that	nas a positive	impact on the	society			
14. Summary of Budget	 s for which f	unds are requi	ed nlease div	a a justificatio	on for requesting the funds		
itemized, and show							
	,	gg	,		9		
Description					Cost		
(1) Personnel (Labour/Other)							
(2) Consumables Attach list including complete description of type (e.g. chemicals, glassware. etc), quantity and cost							
(3) Travel & Subsistence							
(4) Miscellaneous							
GRAND TOTAL							
15. Budget Justification							
(1) Personnel							
Labourers / Others (No:)							
No. of labourers/ required for days/months.							
Description of work to be performed:-							
(2) Consumables	Attach lis	st and give a co	omplete descri	ption of type	(e.g. Chemicals, glassware		
(Total cost)		intity, cost	-				

(3) Travel & Accommodation	Give a detailed breakdown of the cost figures given in Summary Budget. Indicate No. of field visits, places to be visited and any other relevant details.					
	maioato ivo. or mora vi	one, places to be visited and any of	nor relevant details.			
(Total cost)						
(0)						
(4) Miscellaneous (Total cost)	Give complete breakd	own with cost.				
16. Recommendations						
When forwarding applications the Heads of Departments are expected to consider the following aspects - that there is no duplication in funding for the project and that the applicant will be able to devote sufficient						
	time to carry out the project. (If the applicants are from different Departments, recommendations from each Department should be					
submitted)						
I confirm that I have read the application and that the facilities will be made available for this project. The project is recommended.						
Signature of Head of De		Date	11:			
I confirm that I have read the application and that the facilities will be made available for this project. The project is recommended.						
Signature of Head of De	Signature of Head of Department Date					
			'			
17. Signatures of investigato	ors	<u> </u>				
Name		Signature	Date			