

**Myra ROAD TO HICoE 2021**

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|  | **TNCPI/APPLICATION/HICOE/2021** |
|  |  | **C:\Users\UiTM Staff\Downloads\WhatsApp Image 2020-04-16 at 12.05.46.jpeg** |
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**APPLICATION FORM**

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| **Please give attention to the following details:**1. The proof of contribution to Tabung Amanah Penyelidikan dan Inovasi UiTM (TAPIU) for Project Leader and all project members from UiTM must be attached together with this form during submission.
2. Incomplete form will be rejected.
3. This form must be submitted to Secretariat Research Grant Acquisition Unit (UPG), Research Management Centre (RMC), Aras 3, Bangunan Wawasan, The Office of Deputy Vice Chancellor (Research & Innovation) UiTM Shah Alam or

 Email: sekretariatupg@uitm.edu.my; Tel: 03-55448255/8259 |

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| **A** | **APPLICATION DETAILS** |
|  | **Project Title**  |  |
|  | **Project Duration** **(year/months)** |  |
|  | **Field of Research**(Please Tick √ ) | Science & Technology |  | Social Science |  |
|  | **Type of Research**(Please Tick √ ) | Fundamental Research |  | Applied Research |  |
|  | **Research Nexus UiTM (ReNeU)**(Please Tick (√ ) one) | Industrial Technology |  |  |
| Cyber Technology |  |
| Health & Wellness |  |
| Logistics & Transportation |  |
| Energy & Environment |  |
| Social Creativity & Innovation |  |

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| **B** | **DETAILS OF PROJECT LEADER** |
|  | **Name**  |  |
|  | **IC/Passport Number** |  |
|  | **Staff No.** |  |
|  | **Position** |  |
|  | **Faculty/College/Campus/CoE Name & Address** |  |
|  | **Office Telephone No.** |  |
|  | **Hand phone No.** |  |
|  | **Email address** |  |

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| **C** | **DETAILS OF PROJECT MEMBERS**  |
|  | **INTERNAL TEAM MEMBERS (UiTM)** |
| **No.** | **Name** | **Staff No.** | **IC / Passport** | **Role of Team Member** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
|  | **EXTERNAL TEAM MEMBERS** (If any) |
| **No.** | **Name** | **IC / Passport** | **Institution Name** | **Email** | **Role of Team Member** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

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| **D** | **RESEARCH PROPOSAL**  |
|  | **Executive Summary** *(maximum 300 words)**(Please include the summary of research background/significance of study, objectives, research methodology and expected outcomes of the research project)* |
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|  | **Problem Statement** |
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|  | **Research Question(s)** |
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|  | **Objective(s) of the Research** |
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|  | **Literature Review** |
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|  | **Research Methodology** |
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|  **vii.** | **References** |
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|  **viii.** | **Novelty/New Findings/Knowledge** |
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|  **ix.** | **Expected Output / Outcomes /Implication And Significance of Output From The Research Project** |
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| **E** | **PROGRAM RESEARCH ACTIVITY** |
|  | **Program Gantt Chart** |
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|  | **Program Milestone and Dates** |
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| **Description** | **Date** | **Cumulative Project Completion Percentage(%)** |
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|  | **Flowchart of Program Research Activities** |

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| **F** | **BUDGET OF PROJECT**  |
| **Budget Type** | **Budget Description** | **Year** |
| **Year 1** | **Year 2** |
| **Vote 11000 :** Salary and wages  |  |  |  |
| **Vote 21000 :** Travelling expenses and subsistence  |  |  |  |
| **Vote 24000 :** Rental |  |  |  |
| **Vote 27000 :** Research Materials & Supplies  |  |  |  |
| **Vote 28000 :** Minor Modifications and Repairs |  |  |  |
| **Vote 29000 :** Professional services |  |  |  |
| **Vote 35000 :** Equipment and Accessories |  |  |  |
| **Sub Total Budget (RM)** |  |  |
| **Total Budget (RM)** |  |

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| **G** | **DECLARATION**(Tick √ if applicable) |
|  | **All information stated here are accurate, RMC has right to reject or to cancel the offer without prior notice if there is any inaccurate information given.** |  |
|  | **Application of this research is subjected to the Ethical Committee approval.** |  |
|  | **I hereby declare that this application has fulfill all requirements by Road to HICoE MyRA Research Grant.** |  |

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| **PROGRAM LEADER NAME** |  |
| **SIGNATURE & STAMP** |   |
| **SUBMISSION DATE** |  |