

**STRATEGIC RESEARCH PARTNERSHIP (SRP) GRANT**

(Industry / Institution / Agency Matching Grant)

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|  | **TNCPI/APPLICATION/STG/2020** |
|  |  | **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. The proof of active/strong collaboration with the proposed Industry / Institution / Agency, such as active MoU, must be attached together with this form during submission.
3. Incomplete form will be rejected.
4. This form must be submitted to Secretariat Research grant acquisition unit (UPG), Research Management Centre (RMC), Aras 3, Bangunan Wawasan, Office Deputy Vice Chancellor (Research & Innovation) UiTM Shah Alam.

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

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| **A** | **DETAILS OF THE INDUSTRY / INSTITUTION / AGENCY** |
|  | **Name** |  |
|  | **Address** |  |

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| **B** | **APPLICATION DETAILS** |
|  | **Project Title**  |  |
|  | **Project Duration** **(year/months)** |  |
|  | **Research Cluster**(Please Tick √ ) | Science & Technology |  | Social Science |  |
|  | **Type of Research**(Please Tick √ ) | Fundamental Research |  | Applied Research |  |
|  | **Research Nexus UiTM (ReNeU)** |  |
|  | **Centre of Excellence (CoE)** (If any) |  |

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| **C** | **DETAILS OF PROJECT LEADER** |
|  | **Name**  |  |
|  | **IC/Passport Number** |  |
|  | **Staff No.** |  |
|  | **Position** |  |
|  | **Faculty** |  |
|  | **Faculty Address** |  |
|  | **Office Telephone No.** |  |
|  | **Hand phone No.** |  |
|  | **Email address** |  |

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| **D** | **DETAILS OF PROJECT MEMBERS**  |
|  | **INTERNAL TEAM MEMBERS (UiTM)** |
| **No.** | **Name** | **Staff No.** | **IC / Passport** | **Faculty & Address** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
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|  | **EXTERNAL TEAM MEMBERS** (If any) |
| **No.** | **Name** | **IC / Passport** | **Institution Name** | **Address** | **Email** | **Contact No.** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
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| **E** | **DETAILS OF REPRESENTATIVE/COLLABORATOR/PIC FROM THE INDUSTRY/** **INSTITUTION / AGENCY** |
| **No.** | **Name** | **IC / Passport** | **Industry / Institution / Agency Name** | **Address** | **Email** | **Contact No.** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
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| **F** | **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)** |
| 1.2.3. |
|  | **Objective(s) of the Research** |
| 1.2.3. |
|  | **Literature Review** |
|  |
|  | **Research Methodology** |
|  |
|  | **References** |
|  |
|  | **Novel/New Findings/Knowledge** |
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|  | **Expected Output / Outcomes / Implication and Significance of Output from the Research Project**(Eg.: Expected no. of indexed publication / no. of postgraduate students to be trained / MoA / no. of IPR / other outcomes) |
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| **G** | **RESEARCH ACTIVITY** |
|  | **Project Gantt Chart** |
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|  | **Project Milestone and Dates** |
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| **Description** | **Date** | **Cumulative Project Completion Percentage(%)** |
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|  | **Flowchart of Research Activities** |
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| **H** | **BUDGET** |
| **Budget Type** | **Budget Description** | **Total****(RM)** |
| **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** |  |  |
| **Total Budget (RM)** |  |

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| **J** | **FINANCIAL COMMITMENT**(As agreed by both/all parties and clearly stated in MoA) |
| **TOTAL BUDGET (RM)** |  |
| **SRP(U) : TOTAL FUND FROM UiTM (RM)** |  |
| **SRP(I) : TOTAL FUND FROM THE INDUSTRY/INSTITUTION/AGENCY (RM)** |  |

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| **K** | **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 subject to Ethical Committee approval.** |  |
|  | **I hereby declare that has fulfilled requirement as required by Strategic Research Partnership (SRP) Grant (Industry/Institution/Agency Matching Grant)** |  |

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