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| **Z:\UNIVERSITY LOGO\unilogo dark bg.png** | **MNU Staff**  **Research Registration Form** |

To be filled by staff who are conducting research under MNU name (**NOT** for grant applicants)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details (a separate form needs to be filled by each researcher even if they are working on the same project)** | | | | | | | |
| **Applicant details**  **Co-Author name(s)** | | | | | | | |
| Date of application | /  / | | | | | | |
| Full name of applicant |  | | | | | | |
| Contact address |  | | | | | | |
| Faculty/Centre |  | | | | | | |
| Phone Number |  | | Email | |  | | |
| Title of the project |  | | | | | | |
| Brief Description of the Project |  | | | | | | |
| Brief description of how research relates to the researcher’s field and professional development |  | | | | | | |
| Proposed date of commencement of data collection | /  / | Expected date of completion of data collection | | | | /  / | |
| Signature of the applicant |  | | | | | | |
| **Supervisor details (HOD/ Dean)** | | | | | | | |
| Name |  | | | | | | |
| Phone number |  | | Email. |  | | | |
|  | □ Relates to the researcher’s field | | □ Relates to professional development | | | | □ Consistent with workload |
| **Recommendation by Supervisor** | □ I recommend this research to be carried out | | | | | | |
| Approval signature by HOD/ Dean |  | | | | | | |

**Documents to be submitted with the form:**

* Information sheet (as per MNU guideline)
* Consent form
* Research Proposal
* Official letter from Department/ Faculty

**FOR OFFICIAL USE (Approval from Research Centre)**

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| --- | --- | --- | --- |
| Name and Signature of from Research Centre |  | Research Registration Number and stamp |  |

# **SOP (Flowchart)**