**Project Registration**

For information to assist with the completion of this form, see the staff of RC. All responses to questions must be provided on this form. Submit completed application to: research@mnu.edu.mv

***Part A***

|  |  |
| --- | --- |
| **Project Title:**  |  |
| Principal Investigator:  |  |
| Title:  | Given Name:  | Surname:  |
| Staff Position:  | Qualification:  | Staff ID:  |
| Faculty/Centre/Institution:  | Telephone:  | Email:  |
| Co-Investigators: *(List down the co-investigators names and their roles)*  |
| 1.2.3. |
| Project Funding Organization *(if applicable)* |
| Name:  | Amount:  |  |
| Project Duration |
| Commencing Date: (DD/MM/YY) | Ending Date: (DD/MM/YY)  |  |
| ***Part B***  |
| Project Summary |
| \* Please type here*The summary must contain:* *The aim* *The specific objectives**Proposed methodology (a brief description)**Expected outcomes/benefits* |
| Supervising Body *(if applicable)*  |
| Supervisor Name:  |
| Institution:  |
| Supervisor’s Signature:  |
| Date:  |
| E-mail:  |
| Contact number:  |

*\** Please provide the following documents along with the application:

* *Filled Application Form*
* *Proposal*
* *Contract (if applicable)*