

**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)*