

**Application for MNU Book Writing Grant**

**For Full-Time Staff and Higher Degrees Students**

**Information and Instructions**

*Full-time staff of MNU regardless of rank or duration of service at the university may apply for financial assistance to undertake research projects. Full-time research students (doctorate or masters by research) may also apply for a research grant. The funds are contestable and limited, and once a certain category of available funds is exhausted, no further funds will be available even if there are strong applications. The full application, including the detailed research proposal and other attachments MUST NOT EXCEED 25 pages.*

*For further details including eligibility and selection criteria please refer to the MNU Research Grants Committee & Guidelines found at* [*https://mnu.edu.mv/research-development/*](https://mnu.edu.mv/research-development/)

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| 1. **FUNDS FOR WRITER’S CATEGORY** | | | | |
| **Title of the Project:** | | |  | |
| **a** | Grant Applying for | Small  (≤10K) | Medium  (≤100K) |  |
| **b** | Affiliation to MNU | Staff | Student |  |
| **c** | **Author** *(The principal author/applicant must be a staff or a student of MNU).* | | | |
| **d** | Full Name |  |  |  |
| **e** | ID-Card Number |  |  |  |
| **f** | Position Title |  |  |  |
| **g** | Faculty/Department |  |  |  |
| **h** | Phone Number and Extension number |  |  |  |
| **i** | E-mail Address |  |  |  |
| **2** | **Co-Author(s)** *(A staff or a student of MNU or a collaborator from an external institution).* | | | |
| **a** | *Co-Author 1* | *Full Name:* |  | |
| *NID number:* |  | |
| *Position Title* |  | |
| *Faculty/Department* |  | |
| *Contact no:* |  | |
| *E-mail Address* |  | |
| *Co-Author 2* | *Full Name:* |  | |
| *NID number:* |  | |
| *Position Title* |  | |
| *Faculty/Department* |  | |
| *Contact no:* |  | |
| *E-mail Address* |  | |
| **c** | *Co-Author 3* | *Contact no:* |  | |
| *NID number:* |  | |
| *Position Title* |  | |
| *Faculty/Department* |  | |
| *Contact no:* |  | |
| *E-mail Address* |  | |
| **d** | *Co-Author 4* | *Full Name:* |  | |
| *NID number:* |  | |
| *Position Title* |  | |
| *Faculty/Department* |  | |
| *Contact no:* |  | |
| **3** | **Book Project Detail** | | | |
| **a** | *Title of book project* |  |  |  |
| **b** | *Fiction work*  *Yes/No* | *Fiction work*  *Yes/No* | *Fiction work*  *Yes/No* |  |
|  | *Note:*  *For all the categories listed, ISBN number have to be obtained from the Bureau of classification, A copyright page must be included in the final manuscript. (Note: ISBN is obtainable only after submitting a final copy* | | | |
| **c** | *Manuscript writing not begun Yes/No* | *Partially Completed Manuscript Yes/No* | *Completed Manuscript Yes/No* |  |
| **4** | **Involve External Affiliation** *(If this book project involves external affiliation, please fill the below. If not applicable write NA)* | | | |
|  | *Do you have external affiliation* | No  Yes | | |
|  | *Do you have institutional support for this project (If yes, attach a supporting letter from the head of faculty/center justifying the alignment of the book with the strategic direction of the university and priority areas.)* | No  Yes | | |

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| **5** | **PROJECT DURATION** | | | | | |
| a | Project Start Date: |  | | Project End Date | |  |
| b | Proposed period of support requested | From: |  | To: |  |  |

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| **6** | **FINANCE *(Total estimated budget for the project in MVR)*** | | | | | |
| **a** | Total Direct Costs: |  | | **c** | Total project cost: |  |
| **b** | Total In-kind: |  | | **d** | Total funds requested: |  |
| **e** | Applied for external funding: | Yes | No | **f** | If yes, name the External Funding Agency |  |

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| **7** | **PROJECT KICK-OFF FUNDING** | | | | | |
| **a** | Kick off funding requested: | Yes | No | **b** | Total amount requested (MVR): |  |
| **c** | Justification: |  | | | | |

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| **5** | **ADMINISTRATIVE OFFICIAL *(For correspondents only)*** | |
| **a** | **Full Name** |  |
| **b** | **Title** |  |
| **c** | **Faculty/Address** |  |
| **d** | **Telephone** |  |
| **e** | **E-mail** |  |
| **f** | **Fax** |  |

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| **DECLARATION** | |
| **Principal Investigator** | ***I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with MNU terms and conditions if a grant is awarded as a result of the application. I am aware that any false, fictious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.*** |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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