

**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. FUNDING CATEGORIES AND APPLICANT(S) INFORMATION** |
| **a** | Funding Category | [ ]  *Small* ($F\leq 10,000$)[ ]  *Medium* ($10,000<F\leq 50,000$)[ ]  *Large* ($50,000<F\leq 100,000$) |
| **b** | Applicant’s Affiliation with MNU | [ ]  *Staff*[ ]  *Student*  |
| **c** | **Author / First Author** *(The author, or in the case of multiple authors, the first author, must be the applicant. The applicant must be a staff member or student of MNU.)* |
|  | Full Name |  |
|  | ID-Card Number |  |
|  | Position Title |  |
|  | Faculty/Department |  |
|  | Phone Number and Extension number |  |
|  | E-mail Address |  |
| **d** | **Co-Author(s)** *(Co-author(s) may include MNU staff or students, or collaborators from external institutions.)* |
|  | *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* |  |
| *Co-Author 3* | *Contact no:* |  |
| *NID number:* |  |
| *Position Title* |  |
| *Faculty/Department* |  |
| *Contact no:* |  |
| *E-mail Address* |  |
| *Co-Author 4* | *Full Name:* |  |
| *NID number:* |  |
| *Position Title* |  |
| *Faculty/Department* |  |
| *Contact no:* |  |
| **2. BOOK PROJECT DETAILS** |
| **a** | *Title of the Book* |  |
| **b** | *Book Category* |
|  | *(i) Fiction:*[ ]  *Yes*[ ]  *No* | *(ii) Non-fiction:*[ ]  *Yes*[ ]  *No* | *(iii) Academic/Textbook:*[ ]  *Yes*[ ]  *No* |
|  | Note: *For all the categories listed, ISBN number has 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 has not begun* [ ]  *Yes*[ ]  *No* | *Partially Completed Manuscript* [ ]  *Yes*[ ]  *No* | *Completed Manuscript* [ ]  *Yes*[ ]  *No* |
| **3. EXTERNAL AFFILIATION AND INSTITUTIONAL SUPPORT** |
| **a** | Do you have external affiliation?*If yes, please provide a supporting letter or document specifying (1) the nature and form of support received and (2) the amount of financial contribution, if any.* | [ ]  No [ ]  Yes |
| **b** | 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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| **4. PROJECT DURATION** |
| **a** | Project Start Date: |  | Project End Date |  |
| **b** | Proposed period of support requested | From: |  | To: |  |

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| **5. 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” to (e), name the External Funding Agency |  |

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| **6. PROJECT KICK-OFF FUNDING** |
| **a** | Kick off funding requested: | [ ]  *Yes*[ ]  *No* | **c** | Total amount requested (MVR): |  |
| **b** | If “Yes” to (a), justification: |  |

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| **7. DESIGNATED CONTACT PERSON** *(Typically, this would be the first author. However, in the case of multiple authors, the first author may designate a different individual as the primary point of contact for correspondence related to the project.)* |
| **a** | Full Name |  |
| **b** | Title  |  |
| **c** | Faculty/Address  |  |
| **d** | Telephone |  |
| **e** | E-mail |  |

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| **8. APPLICANT’S DECLARATION** |
| I certify that the statements provided herein are true, complete, and accurate to the best of my knowledge. I accept the obligation to comply with MNU’s terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**-End of the Document-**

*Last Updated for Call 1, 2026*