**APPENDIX B: Application Form**



**Suruhanjaya Komunikasi dan Multimedia Malaysia**

Malaysian Communications and Multimedia Commission

**APPLICATION OF RESEARCH AND PROJECT PROPOSALS**

**FOR FULBRIGHT-MCMC GRANT 2015**

|  |  |
| --- | --- |
| **A.** | **PROPOSER’S DATA\*\*** |
| 1. | Lead Institution Name |  |
| 2. | Address |  |
| 3. | Contact Person |  |
| 4. | Designation |  |
| 5. | Contact Number | Off |  | Mobile |  |
| 6. | Fax Number |  |
| 7. | E-mail address |  |

\*\* *Please complete in full*

|  |  |
| --- | --- |
| **B.** | **PROJECT DETAILS** |
| 8. | Project Theme |  |
| 9. | Project statement(Attach proposal and supporting documents) |  |
| 10. | Lead researcher(Attach CV) |  |
| 11. | Collaborative partners\* (Attach CV of all partners) |  |

|  |  |  |
| --- | --- | --- |
| 12. | Research/Project Overview (i.e methodology etc.) |  |
| 13. | Commencement date of research/project period |  |
| 14. | Completion date of research/project period |  |
| 15. | Gantt chart (include activities, expected outcome, deliverables at each milestones) |  |

*\* If applicable*

|  |  |
| --- | --- |
| **C.** | **RECOMMENDATION BY THE VICE-CHANCELLOR/ DEPUTY VICE-CHANCELLOR/DIRECTOR OF RESEARCH MANAGEMENT CENTRE/ LEAD ORGANIZATION** |
|  |  |
| Name (in BLOCK letters) |  |
| Signature |  |
| Designation |  |
| Date |  |
| Registered institution stamp |  |

|  |  |
| --- | --- |
| **D.** | **DECLARATION** |
| a. | I, (NRIC No. ) hereby declare that the information contained in this application forwarded to the Malaysian Communications and Multimedia Commission is true, accurate and complete to the best of my knowledge and belief and that I have not withheld/distorted any material facts. |
| b. | I also declare that I am free from any litigation, pending litigation claims, demands or actions pertaining to the proposed project. I understand that if the grant is obtained by false or misleading statements, I may be prosecuted and in addition, the MCMC may, at its discretion, withdraw the grant and recover immediately from me any amount of the grant that may have been disbursed. |
|  | Signature |  |
| Designation |  |
| Date of application |  |
| Registered institution stamp |  |

**For the Commission’s Use only**

 **Secretariat’s Comments**

**Date: Comment:**

Shortlist/Recommend

Re-submit (incomplete/ amendments/ clarification required)

Reject