

Ruj. Fail :	
Kod Projek :	



PERSATUAN PAKAR PERUBATAN KESIHATAN AWAM MALAYSIA

RESEARCH GRANT APPLICATION FORM

Submit the duly filled form to **Research Exco, Malaysian Public Health Physician Association, Jabatan Kesihatan Masyarakat, Fakulti Perubatan, Hospital Universiti Kebangsaan Malaysia, Jalan Yaakub Latiff, Bandar Tun Razak, 56000 Kuala Lumpur.** Email: research@pppkam.org.my

A	<p>TITLE OF PROPOSED RESEARCH: Tajuk penyelidikan yang dicadangkan :</p>			
B	<p>DETAILS OF RESEARCHER / MAKLUMAT PENYELIDIK</p>			
	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Name of Project Leader Nama Ketua Projek:</p> </td> <td style="width: 50%;"> <p>Identity card no No. Kad Pengenalan:</p> </td> </tr> </table>	<p>Name of Project Leader Nama Ketua Projek:</p>	<p>Identity card no No. Kad Pengenalan:</p>	
<p>Name of Project Leader Nama Ketua Projek:</p>	<p>Identity card no No. Kad Pengenalan:</p>			
	<p>Position (Please tick): Jawatan (Sila tanda):</p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Pascasiswazah Postgraduate</td> <td style="text-align: center;"><input type="checkbox"/> Lecturer Pensyarah</td> <td style="text-align: center;"><input type="checkbox"/> Others (please specify) Lain-lain(sila nyatakan)</td> </tr> </table>	<input type="checkbox"/> Pascasiswazah Postgraduate	<input type="checkbox"/> Lecturer Pensyarah	<input type="checkbox"/> Others (please specify) Lain-lain(sila nyatakan)
<input type="checkbox"/> Pascasiswazah Postgraduate	<input type="checkbox"/> Lecturer Pensyarah	<input type="checkbox"/> Others (please specify) Lain-lain(sila nyatakan)		
	<p>Faculty /School/Centre/Unit (Please provide full address): Fakulti /Jabatan /Pusat/Unit (Sila nyatakan alamat penuh):</p>			
	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Office Telephone No.: No. Telefon Pejabat:</p> </td> <td style="width: 50%;"> <p>Handphone No.: No. Telefon Bimbit:</p> </td> </tr> </table>	<p>Office Telephone No.: No. Telefon Pejabat:</p>	<p>Handphone No.: No. Telefon Bimbit:</p>	
<p>Office Telephone No.: No. Telefon Pejabat:</p>	<p>Handphone No.: No. Telefon Bimbit:</p>			
	<p>E-mail Address: Alamat e-mel:</p>			

C	RESEARCH PROPOSAL / PROPOSAL KAJIAN
	<p>Summary of Research Proposal (maximum 300 words) (Please Include The Background of Research, Literature Reviews, Objectives, Research Methodology and Gantt Chart / Flow Chart of Research and References)</p> <p><i>Ringkasan Cadangan Penyelidikan (maksima 300 patah perkataan)</i> <i>(Meliputi latar belakang penyelidikan , kajian literatur, kaedah penyelidikan,objektif, carta aliran penyelidikan serta rujukan)</i></p>
	<p>Research background including Hypothesis /Research Questions and Literature Reviews. <i>Keterangan latar belakang penyelidikan termasuk kenyataan hipotesis / persoalan penyelidikan dan kajian literatur.</i></p>

Objective (s) of the Research
Objektif Penyelidikan

Methodology
Kaedah penyelidikan

Please state in the form / Sila nyatakan di borang ini

1. **Description of Methodology**
2. **Flow Chart of Research Activities**
3. **Gantt Chart of Research Activities**
4. **Milestones and Dates**

BUDGET /<i>BELANJAWAN</i>	
	<p>Please indicate your estimated budget for this research and details of expenditure according to the guidelines attached.</p> <p><i>Sila nyatakan anggaran bajet bagi cadangan penyelidikan ini dan berikan butir – butir perbelanjaan lengkap dengan berpandukan kepada garis panduan yang dilampirkan.</i></p>

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Recommendation PPKAM Research Committee
Perakuan Jawatankuasa Penyelidikan PPKAM

Please tick (√)
Sila tandakan (√)

Recommended:
Diperakukan:

- A. Highly Recommended**
Sangat Disokong
- B. Recommended**
Disokong
- C. Not Recommended (Please specify reason)**
Tidak Disokong (Sila Nyatakan Sebab)

General Comments:
Ulasan umum:

Name:
Nama:

Signature:
Tandatangan:

Date:
Tarikh:

Note: ALL APPLICATIONS SUBMITTED WILL BE TREATED IN FULL CONFIDENCE THE DECISION OF THE FUNDAMENTAL RESEARCH MAIN COMMITTEE IS FINAL.

Semua permohonan dianggap sulit, Keputusan Persatuan adalah MUKTAMAD.