



Dr. Ali Bin Abdulla Al-Khalifa Medical Research Fund

Research Proposal Application Form

Research Title:		
1. Name of the Principal Investigator and Institutional Affiliation:		
Full name		
Occupation		
Place of work		
Postal address:		
Telephone (office):	Telephone (mobile):	
Fax:	e-mail:	
2. Name and Signature of Other Investigators:		
1. Full name:	e-mail:	
Tel(mobile):	Signature:	
2. Full name:	e-mail:	
Tel(mobile):	Signature:	
3. Full name:	e-mail:	
Tel(mobile):	Signature:	
4. Full name:	e-mail:	
Tel(mobile):	Signature:	
Research Approved by the Investigators Bodies Responsible for:		
Scientific approval <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethical approval <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal Investigator Signature:		
Official Use Only	Date of receipt:	ID number:
Research area:		
Referee 1:		Referee 2:
Committee approval: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:

Budget Breakdown	Amount Requested in BD	
	Dr. Ali Al-Khalifa fund	Other Sources*
<u>1. Manpower</u>		
Total Manpower		
<u>2. Services</u>		
a. Laboratory		
b. Radiology		
c. Others (please specify)		
Total Services		
<u>3. Supplies and Equipment</u>		
Total Supplies		
<u>4. Others</u>		
Patients Cost		
Training		
Others (please, specify and justify)		
Total Other		
GRAND TOTAL		
Investigators will receive 50% of the fund initially & the remaining 50% after submitting a progress report and completing data collection.		

*Budget Requested from Other Sources: Yes No

If yes, name the source:

Amount in BD. (Please put the details in the table above)