

HKSNRG 2017 Application Form

Project Title:

--

Principal Investigator: _____ (Name and Title)

Affiliation: _____

Contact Telephone: _____ FAX: _____

E-mail address: _____

HKSN membership: Full / Associate*

Category of Research Project: Basic Science / Clinical / Nursing*

Amount of Grant applied for: HKD \$ _____

Apply for both HKSNRG and Young Investigator Awards: Yes / No*

If yes, please declare:

1. My age is ≤ 35 as on 31 May 2017: Yes / No*, and
2. I have never received any institutional / research grant before: Yes / No*

Duration of Study: _____ (months / years)

Name of body of financial arrangement: _____

Signature: _____ Date: _____

* Delete where appropriate

For Official Use

Membership: Full / Associate
Approved / Not Approved:
Ethical Committee Approval: not required / pending / available
Sum of Grant Approved:
Date of Grant released:
Progress Report Dates:
Completion Date:
Abstract Submission Date: