

HKSNRG 2021 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 ≤ 40 as on 31 May 2021: 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: