AGA KHAN UNIVERSITY

### UNIVERSITY RESEARCH COUNCIL

#### APPLICATION FOR TRAINING GRANT

#### FORM T-10

**B****ack to UR****C** **G****uideline**

**Application No.**

TO BE ALLOTTED BY

PLEASE TYPE OR PRINT ALL INFORMATION RESEARCH OFFICE

|  |  |
| --- | --- |
| 1. Name: |  |
|  Department/Institute/ Section : |  |
| 2. Position held: |  | Since: |  | Date of appointment: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. Research Area: |  | Biomedical |  | Nursing |  | Community based |  | Education |

4. Title of research project for which training is required:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 5. Name of Principal Investigator: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6. Is this a funded project |  | Yes |  | No | If Yes, please provide the following details: |

|  |  |  |  |
| --- | --- | --- | --- |
| Total funds available | Funding agency | Total duration of the project | Proposed starting date |
|  |  |  |  |

7. Title of intended training course or workshop

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8. Starting date : |  |  | 9. Location: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10. Is this programme held regularly? |  | Yes |  | Every year |  | Twice a year |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
| 11. Last date of acceptance set by the organizers: |  |

1. Breakdown of the expenditure to be incurred during this training

|  |  |  |
| --- | --- | --- |
| 1 | Travel | US $ |
| 2 | Boarding & lodging  |  |
| 3 | Registration fee |  |
| 4 | Other |  |

|  |  |
| --- | --- |
| 1. Total support requested from the URC:
 |  |

1. Is any partial support or waiver available from the organizers of this programme or form other internal sources.

|  |  |  |
| --- | --- | --- |
| Type of support/ Waiver | Amount US $ | Contributor |
|  |  |  |
|   |  |  |
|  |  |  |

15. Description of the course/ training / workshop (Where a printed program of training is available please attach a copy with this application)

16. Please provide the objectives of attending this programme

17. How does it further in achieving the research goals/ of the Institution

18. Provide detail of any other training / workshop attended by you in the past five years

|  |  |  |  |
| --- | --- | --- | --- |
|  | Title | Organizer | Date/duration |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of the applicant: |  |  | Date: |  |

Attach Form RGA 10 and Check List.