



جامعة الإمام عبد الرحمن بن فيصل

IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

عمادة البحث العلمي
Deanship of Scientific Research

Research Grant Application (DSR.001)

- Please complete all required sections.

First / Principal Investigator:

Name (English)					
Name (Arabic)					
E-Mail					
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Nationality		Scientific Degree
Academic Rank			College		Department
General Major			Specific Major		Address
Mobile			Work Phone		Fax

Second / Research Team:

No.	Participant Type			Name	Affiliation	Scientific Degree
1	<input type="checkbox"/> Co-investigator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Research assistant			
2	<input type="checkbox"/> Co-investigator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Research assistant			
3	<input type="checkbox"/> Co-investigator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Research assistant			
4	<input type="checkbox"/> Co-investigator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Research assistant			
5	<input type="checkbox"/> Co-investigator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Research assistant			
6	<input type="checkbox"/> Co-investigator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Research assistant			

Third / Project Information:

Proposal title / English	
Proposal title / Arabic	
General field	
Specific field	
Project duration	
Type of the research	<input type="checkbox"/> Experimental <input type="checkbox"/> Theoretical <input type="checkbox"/> Based on questionnaire



Project Summary / Arabic (Max 200 words) Briefly describe the background, aims, methodology and the importance of the research project.
Research Project / English
Literature Survey
Objectives
Expected Benefits
Materials and Methods
References

Fifth / Budget:

1) Remuneration of the research team						
A\ Principal Investigator						
Name	Scientific Degree	The number of Projects the PI has been involved in this year	Duration	Reward	Total Budget	Approved Budget
				1200		
B\ Co-investigator						
Name	Scientific Degree	The number of Projects the Co-PI has been involved in this year	Number of the month	Reward	Total Budget	Approved Budget
				1000		
				1000		
C\ Consultant						
Name	Consultation Authority		Number of Consultations	Reward	Total Budget	Approved Budget
	<input type="checkbox"/> Inside the city <input type="checkbox"/> Outside the city <input type="checkbox"/> outside the Kingdom					
D\ Research Assistants						
Name	Scientific Degree		Duration (M)	Reward	Total Budget	Approved Budget
	<input type="checkbox"/> PhD <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma or Less					
	<input type="checkbox"/> PhD <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma or Less					
	Secretary	<input type="checkbox"/> Diploma or Less				
Total						



2) Equipment Item					
No.	Equipment Name / English	Description in Arabic	Quantity	Required Amount	Approved Budget
Total Budget of the Equipment Item					

3) Materials and Analysis Item					
Name in English		Description in Arabic	Quantity	Required Amount	Approved Budget
Materials: 1\ 2\ Analysis: 1\ 2\ Total					

4) Software Item (Not available at the university. This should not include tutorial DVDs or teaching media)					
No.	Name of the program / English	Description in Arabic	Quantity	Required Amount	Approved Budget
Total					

5) Miscellaneous Item (Not including stationary, video tapes, copying, books or references)					
No.	Details		Quantity	Required Amount	Approved Budget
Total					

6) Publication Charge Item			
Expected number of published papers		Required Amount	Approved Budget
Total			

7) Transportation (Not including attending conferences or workshops that could be acquired via the conference electronic system)					
No.	Type		Details	Required Amount	Approved Budget
	<input type="checkbox"/> Field Trip <input type="checkbox"/> Samples Transmit <input type="checkbox"/> Other (specify)				
Total					
Total Requested Budget					

Principal Investigator	Name:	Date:	Signature:
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To access (DSR.001) form in Word version,
Please press or scan the following QR code


