



## RESEARCH GRANT APPLICATION FORM

### Particulars of Researcher

Name : \_\_\_\_\_

IC No : \_\_\_\_\_

Academic : \_\_\_\_\_  
Qualification \_\_\_\_\_

University/Company : \_\_\_\_\_

Occupation \_\_\_\_\_

Correspondence : \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (office) : \_\_\_\_\_  
(mobile) \_\_\_\_\_

E-mail : \_\_\_\_\_  
\_\_\_\_\_

Title of Research : \_\_\_\_\_

No. of research team : \_\_\_\_\_  
members (if any) \_\_\_\_\_

Research Category :  Audit Committees  
 Corporate Governance  
 Audit Management  
 Audit Tools & Methodology  
 Development of Audit Profession  
 Financial Services  
 Fraud, Ethics  
 Risk Management  
 Syariah Audit

**Research Proposal**

Please enclose a research proposal which includes the following headings.

1. Abstract/Executive Summary
2. Research hypothesis
3. Research data collection method
4. Expected results and benefits to the internal audit profession
5. Expected outputs i.e. Report, articles, power point etc.

**Project Milestones**

Please state the Schedule of the research i.e. project proposed start date, key milestones and project completion dates. Please state the dates and description of the activities.

Proposed Dates	Activities

**Monetary Resources (Budget)**

Desired amount of Research Grant : \_\_\_\_\_  
RM

Any additional funding obtained : \_\_\_\_\_  
from other agencies. (If yes, please state details)

Please state the Total Estimated Cost of the research project & proposed usage of the research grant.

	Total Estimated Cost	Usage of Grant
1. Cost of equipment (if any)	RM	RM
2. Consumables	RM	RM
3. Other Expenditure	RM	RM

Please explain how the additional cost will be funded if the estimated cost is not covered by the grant awarded.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_