



RESEARCH FUNDING APPLICATION

1.	Details of applicant	Name: IC number: Position: Place of practice: MyICID member since year: Have you received sponsorship(s) from MyICID before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state year and purpose:</i>
2.	Applicant's role in research	<input type="checkbox"/> Principal investigator <input type="checkbox"/> First author of published paper <input type="checkbox"/> Supervisor
3.	Purpose of funding	<input type="checkbox"/> Research grant for study <input type="checkbox"/> Journal publication
4.	Title of research	
5.	Scope of research <i>Must fulfil at least one</i>	<input type="checkbox"/> Infection control <input type="checkbox"/> Tropical diseases <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Antimicrobial stewardship (AMS) <input type="checkbox"/> Bacteria <input type="checkbox"/> COVID-19 <input type="checkbox"/> Antimicrobial resistance (AMR) <input type="checkbox"/> Fungal <input type="checkbox"/> Dengue <input type="checkbox"/> Parasite <input type="checkbox"/> Other viruses
6.	Type of study	<input type="checkbox"/> Clinical trial <input type="checkbox"/> Cohort study <input type="checkbox"/> Case report
7.	Study objectives	
8.	Please describe the potential impact of your research findings	
9.	Amount of funding requested	RM
10.	Medical journal for study publication	1. 2. 3.



<p>10.</p>	<p>Has your research been registered in the National Medical Research Register (NMRR)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the NMRR number:</p> <p>If no, please register your research in NMRR as soon as possible and provide MyICID the NMRR number once available.</p>
<p>11.</p>	<p>Supporting documents</p> <p><i>Must be submitted together with the application form</i></p>	<p><input type="checkbox"/> Latest curriculum vitae (CV)</p> <p><input type="checkbox"/> <i>Research grant</i></p> <p><input type="checkbox"/> <i>Journal publication</i></p> <p><input type="checkbox"/> Trial protocol</p> <p><input type="checkbox"/> Manuscript</p> <p><input type="checkbox"/> Budget details of research grant</p> <p><input type="checkbox"/> MREC approval letter (if available)</p>
<p>12.</p>	<p>Declaration by applicant</p> <p><i>Please tick if agree</i></p>	<p>I hereby declare that:</p> <p><input type="checkbox"/> All information provided in this application are accurate.</p> <p><input type="checkbox"/> MyICID reserves the right to reject the fund application, amend the amount of grant, or revoke the funding approval without the need to provide reasons.</p> <p><input type="checkbox"/> All research fund provided by MyICID will solely be used for the purpose of the research specified in this application.</p> <p><input type="checkbox"/> I will acknowledge funding from MyICID in study publication, oral presentation and during media engagement.</p> <p>Applicant's Name & Signature:</p> <p>Date:</p>

Kindly submit the completed form to:

myicid1@gmail.com