

Medical Study Grant Submission

Project Title

Principal Investigator Name

Email Address

Institution/Affiliation

Project Start Date

Project End Date

Project Details

Summary/Abstract

Study Objectives

Methodology

Expected Outcomes

Budget

Total Budget Requested (USD)

Budget Breakdown

Ethical Approval

Ethics Committee Status

Select status

Details (Committee Name, Reference Number, etc.)

Team Members

List of Key Team Members and Roles

Upload CVs/Resumes (if required)

Choose File

No file selected