OPERATIONAL GUIDELINES FOR BIOMEDICAL RESEARCH

Application form

Name of Principal Investigator (PI): …….

Qualification of the principal Investigator: ……..

Institution(s) of affiliation: ……

Address of the principal investigator: ……

email address……
fax number……
telephone number (landline and cell)……..

Names of 1st Co-investigator: ……
Qualifications: ……
Institution(s) of affiliation:……
Address: ……
email address……
fax number……..
telephone number (landline and cell)

Names of 2nd Co-investigator: ……
Qualifications: ……
Institution(s) of affiliation:……
Address: ……
email address……..
fax number……..
telephone number (landline and cell)……..
.
Names of 3rd Co-investigator: ……
Qualifications: ……
Institution(s) of affiliation:……
Address: ……
email address……..
fax number……..
telephone number (landline and cell)……

Research Topic: ……..
……
Project site:……
Name and address of sponsor: ……
Project duration: ……
Name and address of contact person (if not the PI): ……..
Address: ……
email address……
fax number……
telephone number (landline and cell)……

Date: …… signature:……..……