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| ***CHECkLIST OF Research Quantum COVID-19 Grant (ResQ-COVID19) Application*** ***Please tick (√)*** |
| ***TITLE OF PROPOSED RESEARCH:*** |
| *Name of Project Leader (PL):*  |  |
| *School:* |  |
| ***No.*** | ***Item*** | **P.L** | **RIMC** |
|  | *Checklist of Research Quantum Covid-19 Grant (ResQ-COVID19) Application* |  |  |
|  | *Completed Research Quantum Covid-19 Grant (ResQ-COVID19) Application Form* |  |  |
|  | *Proof of collaboration University-Organisation (ex: (LoI/MoA/RA /LoA/ToR))* ***(IF APPLICABLE)*** |  |  |
|  | *Flow Chart of Research Activities* |  |  |
|  | *Gantt Chart of Research Activities* |  |  |
|  | *Milestones and Dates* |  |  |
|  | *Justification of budget details*  |  |  |
|  | *PL & Members & Dean & Organisation Representative’s Signatures* |  |  |
|  | *Email all document to* unitpenyelidikan@uum.edu.my *&* nisa@uum.edu.my  |  |  |