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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](mailto:unitpenyelidikan@uum.edu.my) *&* [nisa@uum.edu.my](mailto:nisa@uum.edu.my) | |  |  |