



**KING KHALID UNIVERSITY
COLLEGE OF DENTISTRY
SCIENTIFIC RESEARCH COMMITTEE**



OFFICIAL USE ONLY

REGISTRATION NUMBER: SRC/REG/20 / REGISTRATION DATE:

REQUEST FOR RESEARCH IDEA REGISTRATION

APPLICANT INFORMATION	
Name:	
Designation:	
Department:	
E-mail:	
Contact Number:	

CO-INVESTIGATORS				
Se. Number	Names	Designation/ Intern/Student	Department	Affiliation
1				
2				
3				
4				
5				

RESEARCH DETAILS	
Proposed Research Title:	
Research Type:	Clinical Study <input type="checkbox"/> In-vitro <input type="checkbox"/>
	Survey <input type="checkbox"/> Review <input type="checkbox"/>
	Case Report/Series <input type="checkbox"/>
Date of Submission:	
Proposed Research Period:	
Expected Start Date:	Expected End Date:
Research Site:	<input type="checkbox"/> KKU Dentistry <input type="checkbox"/> KKU-Other Faculties <input type="checkbox"/> Outside KKU Facilities
Funding Details: <i>(if applicable)</i>	

Applicant Signature:	
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NOTE: The research idea registration is valid for 30 DAYS unless the complete research proposal is submitted