



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



**OFFICIAL USE ONLY**

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

**REQUEST FOR RESEARCH IDEA REGISTRATION**

<b>APPLICANT INFORMATION</b>	
Name:	
Designation:	
Department:	
E-mail:	
Contact Number:	

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

<b>RESEARCH DETAILS</b>		
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**