

Request for Research Idea Registration

OFFICIAL USE ONLY

Registration number: SRC/REG/20__ / __ Registration date: _____

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:	<input type="checkbox"/> Clinical Study	<input type="checkbox"/> In-vitro
	<input type="checkbox"/> Survey	<input type="checkbox"/> Review
	<input type="checkbox"/> Case Report/Series	
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 (if applicable):		

Applicant Signature: _____

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