



**ATU-Net**  
**Young Researcher Grant 2024**  
**APPLICATION FORM**

**PLEASE DOWNLOAD THIS APPLICATION FORM BEFORE YOU FILL IT IN**

**(A) Applicant Information**

<b>Name of Applicant</b>	:																											
<b>Name of Institution</b>	:																											
<b>Full address at the Institution</b> (Dept/School/Faculty)	:																											
<b>Date of Birth and (Age) of the Applicant</b> (as of 17 <sup>th</sup> June 2024)	:																											
<b>Email address</b>	:																											
<b>Telephone Number</b>	:	<b>Office:</b> <b>Mobile:</b>																										
<b>List of Research Members from other ATU-Net member institutions (excluding the applicant)</b>  *Must have a minimum of <b>three (3)</b> project members from <b>three (3)</b> ATU-Net member institutions <b>of two (2)</b> different countries - excluding the applicant's home country. One of the members must be a Professor/ Associate Professor  ** Please visit <a href="https://atunet.org/membership/institutions/">https://atunet.org/membership/institutions/</a> for the list of ATU-Net member institutions **CV all members need to be provided	:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: center;">Members</th> <th style="width: 30%; text-align: center;">Signature</th> </tr> </thead> <tbody> <tr> <td><b>Name:</b></td> <td></td> </tr> <tr> <td><b>Position:</b></td> <td></td> </tr> <tr> <td><b>University:</b></td> <td></td> </tr> <tr> <td><b>Country:</b></td> <td></td> </tr> <tr> <td><b>Name:</b></td> <td></td> </tr> <tr> <td><b>Position:</b></td> <td></td> </tr> <tr> <td><b>University:</b></td> <td></td> </tr> <tr> <td><b>Country:</b></td> <td></td> </tr> <tr> <td><b>Name:</b></td> <td></td> </tr> <tr> <td><b>Position:</b></td> <td></td> </tr> <tr> <td><b>University:</b></td> <td></td> </tr> <tr> <td><b>Country:</b></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">*Applicant may add rows if needed</p>	Members	Signature	<b>Name:</b>		<b>Position:</b>		<b>University:</b>		<b>Country:</b>		<b>Name:</b>		<b>Position:</b>		<b>University:</b>		<b>Country:</b>		<b>Name:</b>		<b>Position:</b>		<b>University:</b>		<b>Country:</b>	
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**(B) PROJECT INFORMATION**

<b>1. Project Title</b>
<b>2. Keywords of Research Field (at least three)</b>
<b>3. Executive Summary (Please include the problem statement, objectives, research methodology, expected output/outcomes)</b>

*(Maximum 300 words)*

<b>4. Research Background</b>			
<b>(a) Problem Statement</b>			
<b>(b) Literature Review</b>			
<b>(c) Objectives</b>			
<b>(d) Methodology</b>			
<b>(e) Expected Results of Research Project</b>			
<b>(i) Novel theories/New findings/Knowledge</b>			
<b>(ii) Research Publication(s) (at least 1 Scopus-indexed journal paper)</b>			
<b>(f) References [include most recent (last 5 years) references]</b>			
<b>5. Area of Research</b>			
Please tick (√):			
<input type="checkbox"/>	<b>Pure Science</b>	<input type="checkbox"/>	<b>Applied Science</b>
<input type="checkbox"/>	<b>Natural Sciences and National Heritage</b>	<input type="checkbox"/>	<b>Information and Communication Technology</b>
<input type="checkbox"/>	<b>Technology and Engineering</b>	<input type="checkbox"/>	<b>Arts and Applied Arts</b>
<input type="checkbox"/>		<input type="checkbox"/>	<b>Social Sciences</b>
<input type="checkbox"/>		<input type="checkbox"/>	<b>Clinical and Health Sciences</b>
<b>6. Duration of research (6 months to 12 months, beginning from 1<sup>st</sup> October 2024)</b>			
<b>Start from</b>	dd/mm/yyyy	<b>End</b>	dd/mm/yyyy
<b>7. Total Estimated budget/cost (US Dollar, USD)</b>			
<b>Breakdown of Budget</b>			



**(D) DECLARATION BY THE APPLICANT**

Please tick (✓)

**I hereby declare that:**

- 1. All information stated here is accurate, ATU-Net has the right to reject or to cancel the offer without prior notice if there is any inaccurate information given.
- 2. Applicant is currently not a Principal Investigator of any research grant from any institutions or organisations.

**Date :** \_\_\_\_\_

**Applicant's Signature :** \_\_\_\_\_

**(E) ATU-Net SELECTION COMMITTEE**

Please tick (✓)

- A. Approved**
- B. Not Approved**

**Comments:**

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**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature: :** \_\_\_\_\_