Dubai Medical University Research Grant 2025 – Application Form

Section I: General Information

Principal Investigator (PI):

- **Full Name:**
- **Nationality:**
- **Institution/Department:**
- **Official Email:**
- **Phone Number (with country code):**
- **Professional Status:** (Select one)
  - Faculty Member
  - Researcher
  - Graduate Student/Post-Doctoral Fellow
  - Other (Specify): _____
  - Attach CV------

Co-Investigators (from DMU):

Name	Email Address	Institution	Role in Project

Project Title:

Study Duration:

- **Start Date (DD/MM/YYYY):**
- **End Date (DD/MM/YYYY):**

Section II: Research Proposal

Abstract:

(Provide a concise summary of the project in no more than 250 words.)

Introduction:

(Include background, literature review, and project relevance.)

Objectives and Goals:

(Clearly define the project aims and expected outcomes.)

Methodology:

(Provide a detailed research design, materials, and methods.)

Budget Justification:

(Explain each budget item and its necessity.)

Timeline:

(Outline the project milestones.)

Expected Impact:

(Describe how the research will contribute to academia and healthcare.)

Section III: Funding Details

Total Budget Requested (AED): _____

Budget Breakdown:

Category	Amount (AED)	Justification
Equipment		
Consumables		
Training		
Travel		

Literature	
Total	**AED** _____

Section IV: Ethical Considerations

Does the study involve human/Animal participants?

- **Yes / No**

Does the study require ethical approval?

- **Yes / No**

(If Yes, provide details of the ethical approval process and submit supporting documents.)

Section V: Institutional Collaboration

Is this a collaborative study?

- **Yes / No**

(If Yes, list collaborating institutions and describe their role.)

Institution	Contribution	Ethical Approval Attached (Y/N)

Section VI: Conflict of Interest Disclosure

Do you or any research team member have any financial or personal interest in this study?

- **Yes / No**

(If Yes, please provide details.)

Section VII: Principal Investigator Certification

I, **[Principal Investigator's Name]**, certify that:

- The research complies with DMU's ethical guidelines.

- Any modifications to the research will be reported to DMU's IRB.
- All research team members have completed necessary ethical training.
- The study will be conducted with full adherence to privacy and confidentiality laws.
- I have read and understood all conditions and accept full responsibility for the study.

Signature: _____ **Date:** (DD/MM/YYYY)

This application form must be submitted through the official DMU grant portal: DMU Grant Portal.