tetfund
TERTIARY EDUCATION TRUST FUND

TETFund NATIONAL RESEARCH FUND GRANT APPLICATION FORM

	YEAR	2019			BATCH	II

CATEGORY	STI	CC	HSS	APPLICATION NUMBER	
SUB-THEMATIC AREA					

PROJECT TITLE	
TOTAL BUDGET		DATE	

RESEARCH TEAM

	A	PRINCIPAL INVESTIGATOR
UPLOAD/ATTACH PASSPORT PHOTOGRAPH		NAME
		DESIGNATION/RANK
		E-MAIL
		PHONE NUMBERS
		INSTITUTION

MUST BE A PUBLIC TERTIARY EDUCATION INSTITUTION ENLISTED BY THE Fund

	B	OTHER TEAM MEMBERS/COLLABORATORS
	1	NAME
		DESIGNATION/RANK
		E-MAIL
		PHONE NUMBERS
		INSTITUTION
	2	NAME
		DESIGNATION/RANK
		E-MAIL
		PHONE NUMBERS
		INSTITUTION
	3	NAME
		DESIGNATION/RANK
		E-MAIL
		PHONE NUMBERS
		INSTITUTION
	4	NAME
		DESIGNATION/RANK
		E-MAIL
		PHONE NUMBERS
		INSTITUTION
	5	NAME
		DESIGNATION/RANK
		E-MAIL
		PHONE NUMBERS
		INSTITUTION

USE ADDITIONAL SHEET TO INCLUDE MORE MEMBERS IF NECESSARY