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| **images** | UNIVERSITI TEKNIKAL MALAYSIA MELAKA  **CENTRE FOR RESEARCH AND INNOVATION MANAGEMENT** |
| **CHANGE OF PRINCIPAL RESEARCHER** |

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| **A. PROJECT DETAILS** |
| Principal Researcher (old) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_  Faculty/Centre : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_  Project Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact No. (Off./Hp) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Duration (date) : From \_\_\_\_\_\_\_\_\_\_\_\_\_ To: (i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Approved Project Value (RM) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **B. REASONS FOR SURRENDER THE GRANT** |
| Please explain the cause(s) of change principal researcher (To be filled by old project leader)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note:  Principal Researcher can surrender the research grant ONLY with the following reasons: further studies, sabbatical leave, leaving the University and medical leave. |
| **C. RESEARCH STATUS BEFORE HAND OVER (To be filled by Old Project Leader)** |
| 1. Project Financial Status  |  |  |  |  |  | | --- | --- | --- | --- | --- | | CATEGORY | VOT | ORIGINAL ALLOCATION (RM) | BALANCE TODAY  (RM) | % UTILIZATION  (RM) | | Temporary & Contract Personnel | 11000 |  |  |  | | Travel & Transportation | 21000 |  |  |  | | Rentals | 24000 |  |  |  | | Research Materials & Supplies | 27000 |  |  |  | | Minor Modifications & Repairs | 28000 |  |  |  | | Special Services | 29000 |  |  |  | | Fixed Asset | 35000 |  |  |  | | Inventory | 36000 |  |  |  | | Software | 38000 |  |  |  | | TOTAL | |  |  |  |   (ii) Status of Progress Report   |  |  |  | | --- | --- | --- | | **Submission of Progress Report** | **Done / No** | **Status to be Checked by CRIM** | | Cycle 1: Starts to 6th month |  |  | | Cycle 2: 7th month to 12th month |  |  | | Cycle 3: 13th month to 18th month |  |  | | Additional Period : |  |  | |
| **D. DETAILS OF PROPOSED NEW PROJECT LEADER** |
| Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. Staff : \_\_\_\_\_\_\_\_\_\_  Faculty / Centre : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel. No. (Off): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hp) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project. Leader of Another On-Going Research Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please state project no. if any)  **Declaration Of Acceptance:**  **I agree to be a new project leader of this project and agree to abide the University Research and Innovation Policy and Guidelines.**  Signature And Stamp:  Date: |

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| **E. APPROVAL BY DIRECTOR/DEPUTY DIRECTOR OF CRIM** |
| Approved Not Approved    Comment /Suggestion**: ­­­­­­­­­­­­­­­­­­­­­­­­­­­**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**  *Signature & Official Stamp Date*: |