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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

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| 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

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| **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 :  |  |  |

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| **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*: |