جامعة دبي الطبية
DUBAI MEDICAL UNIVERSITY

# 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](#).

Email: grantinfo@dmu.ae