



COVER INFORMATION SHEET

Attached this completed form with the application

Name of Applicant : _____

Designation : _____

Department / Institution : _____

: _____

Name of HOD : _____

Previous Grant from SCS : Yes / No (**Please circle accordingly**)

If yes, please specify: _____

Project Title : _____

: _____

: _____

Budget

a) Manpower S\$ _____

b) Equipment S\$ _____

c) Consumables S\$ _____

d) Others (Please specify) S\$ _____

Total amount required S\$ _____

For Official Use Only

Supported Yes No

Comments

Endorsed By Review Panel _____

Signature

Name

APPLICATION FORM

1) PERSONAL PARTICULARS OF APPLICANT / PRINCIPAL INVESTIGATOR

Name: _____

Designation: _____

Department: _____

Institute / Address:

_____ Postal Code: _____

Contact: _____ (Office) _____ (Mobile) _____ (Fax)

Email Address: _____

Mailing Address (if different from above):

_____ Postal Code: _____

2A) PROPOSED RESEARCH PLAN

Title: _____

2B) CATEGORY OF PROPOSAL (please tick as appropriate):

- Basic sciences (e.g. tumour biology, immunology, molecular genetics)
- Behavioural sciences (e.g. risk factors, prevention, supportive care needs, health-related quality of life, nutrition and dietetics, nursing)
- Clinical sciences (e.g. medical/surgical/radiation oncology, clinical pharmacology)
- Psychosocial aspects (e.g. effects of cancer on patients and family members, coping with cancer, needs of cancer patients)



SCS Cancer Research Grant 2011

Annex B

2C) CO-INVESTIGATORS / COLLABORATORS

| | Name | Institution / Department |
|----|-------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

2D) PUBLICATIONS (List 5 relevant ones only)

I declare that the information contained in this application is true to the best of my knowledge and understand that any willfully suppressed information will deem the application ineligible.

Date

Signature of Applicant