**THOMAS-BASSIR BIOMEDICAL FOUNDATION**

APPLICATION FORM FOR GRANTS

1. Name:

First Name………………………………………………………………………………………………………..

Other Name…………………………………………………………………………………

Surname: ………………………………………………………………………………………………………………

1. Postal address of applicant……………………………………………………………………………………………………………………
2. Position held by the applicant in the place where the work is to be carried out……………………………………………………………….
3. Qualification(s) of applicant……………………………………………………………………………
4. Current post-graduate training program (if applicable) and year in the program …………………………
5. Research for which grant is enquired ………………………………………………………...........
6. Amount of assistance required in naira ……………………………………………………………
7. Duration of proposed investigation (years)……………………………………………………….
8. Name and address of principal investigator ………………………………………………………….
9. Phone Numbers……………………………………………………………………..
10. Email Address……………………………………………………………………………

Declaration I verify that:-

1. The above stated particulars are correct to the best of my knowledge.
2. Financial support has neither been sought nor obtained from any other source for this same project.
3. Any grant obtained from the Thomas – Bassir biomedical Foundation will be utilized solely for the prosecution of this project.
4. The support of TBBF will be duly acknowledged in all related subsequent publications.
5. Endorsed by the Supervisor

Name…………………………………………………………………………………………..

Email-ID…………………………………………………………………………………………

Signature and Date………………………………………………………………………….

1. Endorsed by the Head of Department

Name…………………………………………………………………………………………………

Email-ID……………………………………………………………………………………………..

Signature and Date……………………………………………………………………………..

1. Applicant’s Signature and Date of declarant ……………………………………………………………