Independent University **Bangladesh (IUB)**

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Policies and Forms Sponsored Research

2017-07-04

Research Grant- Final Report Summary Form

IUB

Independent University, Bangladesh

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Independent University, Bangladesh (IUB)

Research Grant- Final Report Summary Form*

1. Research Project Title:

2. Principal Investigator Information:

Name	ID	Designation	Department	E-mail	Contact No.

3. Co-Investigator(s) Information (if applicable):

Name	ID (if applicable)	Designation	Department	E-mail	Contact No.
Add Co-Investigator					

4. Project Start Date:

5. Amount awarded:

6. Date of Completion:

* To be filled up by Sponsored Research based on the Final Report.

7. Information regarding collaboration within IUB for the Research Project

Intra Departmental Yes☐ No☐

Inter Departmental Yes☐ No☐

Inter School Yes☐ No☐

If Yes, please give details of implementation

8. Information regarding other University and/or Industry collaboration:

Other University Yes☐ No☐

Industry Yes☐ No☐

If yes, please give details of implementation:

9. Details of External Funding other than IUB Funding (if applicable):

10. Outcome resulting or expected to result from the Research Project:

Category	No.	Reputation	Local or International	N/A
Journal Paper (Peer				

Reviewed)
Journal Paper (other)
Book
Book Chapter
Conference Presentation
Conference Paper/ Abstract
Conference Poster Presentation
Others

Please provide details

11. Status: Submitted ☐ Will submit ☐

12. Journal/ Publisher/Organizer details:

13. Expected date of Publication:

14. Industry/Community improvement Outcomes:

Category	No.	Local or International	N/A

Patents
Industry Applications
Seminars
Workshops
Community Engagement/initiatives
Others(please specify)

Please provide details

15. Other Outcomes:

New Theory Development
Potential for new Research studies
Potential impact on new policies
Usefulness of Research for Faculty/Students/Administration
Others(please specify)

16. Please provide a detailed account of the expenditure of the Research Project funds:

Itemized list of Approved Budget	Time Period	Amount Allocated	Amount Spent

17. Attach the Final Report with this form.

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Name and Signature Date