**Annex B**

**Council for Research and Advancement in Technology and Science (CREATES)**

Research Concept Note

**RESEARCH CONCEPT NOTE**

**COUNCIL FOR RESEARCH AND ADVANCEMENT IN TECHNOLOGY AND SCIENCE (CREATES)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RESEARCH SUMMARY** | | | | | | | |
| 1. **Research Title:**   *(Max 15 Words)* |  | | | | | | |
| 1. **Research Title in Short:**   *(Max 5 Words)* |  | | | | | | |
| 1. **Research Cluster Type:**   *(Tick √ relevant cluster)* | **Food Science & Technology** |  | | | | **Health** |  |
| **ICT** |  | | | | **Energy** |  |
| **Environment & Sustainable Development** |  | | | | **Other**  **(Please State)** |  |
| 1. **Principal Investigator(s):**   *(Identify EITHER one principal investigator OR up to 2 co-principal investigators)* | **Title:** *(Mr/Ms/ Mrs/Dr/Prof/etc)* |  | | | | | |
| **Full Name:** |  | | | | | |
| **Position & Organisation:** |  | | | | | |
| **Identification Type:** *(Select response)* |  | **Passport** | | | | |
|  | **Brunei National Identify Card** | | | | |
| **Identification Number:** |  | | | | | |
| **Address:** |  | | | | | |
| **E-mail:** |  | | | | | |
| **Phone:** |  | | | | | |
| **CV Attached?** *(Select response - Please ensure CV is submitted)* |  | **Yes** | | | | |
|  | **No** | | | | |
| **Title:** *(Mr/Ms/ Mrs/Dr/Prof/etc)* |  | | | | | |
| **Full Name:** |  | | | | | |
| **Position & Organisation:** |  | | | | | |
| **Identification Type:** *(Select response)* |  | | **Passport** | | | |
|  | | **Brunei National Identify Card** | | | |
| **Identification Number:** |  | | | | | |
| **Address:** |  | | | | | |
| **E-mail:** |  | | | | | |
| **Phone:** |  | | | | | |
| **CV Attached?** *(Select response - Please ensure CV is submitted)* |  | | | **Yes** | | |
|  | | | **No** | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Host Organisation(s):** | **Organisation Name:** | |  | | | | | |
| **Address:** | |  | | | | | |
| **Focal Point Details** | | | | | | | |
| **Title:** | |  | | | | | |
| **Name:** | |  | | | | | |
| **Position & Department:** | |  | | | | | |
| **Email:** | |  | | | | | |
| **Phone No.:** | |  | | | | | |
| 1. **Types of Funding:**   *(Tick √ relevant funding)* | **Basic Research Fund** | | |  | **Applied Research Fund** | | |  |
| 1. **Expected Start and End Dates:**   *(DD-MM-YYYY)* | **Start:** |  | | | | **End:** |  | |
| 1. **Duration of Project:** |  | **Years** | | | |  | **Months** | |
| 1. **Project One-Paragrapgh Summary:**   *(Describe the project in not more than 200 words. Your summary should include planned activities, benefits, KPI outputs and outcomes.)* |  | | | | | | | |
| 1. **Total Project Scheme in BND:**   *(This should tally with Project Proposal Form)* |  | | | | | | | |

**I DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

|  |  |
| --- | --- |
| **Submitting PI Signature** |  |
| **Name** |  |
| **Date of submission** |  |

***This part is to be filled by the CREATES Secretariat only.***

***CREATES Secretariat Remarks***

|  |
| --- |
| ***Date:*** |