

NOMINATION FORM
CLIMATE CHALLENGE RESEARCH GRANT

Date : _____

To : **NATIONAL BATTERY RESEARCH INSTITUTE**
EduCenter Building, Unit 22260 – 2nd floor
BSD City, South Tangerang 15331
Tel : (+6221) 22235748
Fax : (+6221) 22235748
Home page : <http://n-bri.org/event/climate-challenge-workshop>
Email : Climatechange@n-bri.org

(This form should be completed, typed or printed in English. Use a separate form for each nomination. You need not use this form if you can re-produced and complete it in the same format using photocopier or a word processor).

Please read the guidelines carefully before you fill in the form. Failure in completely filling the application form and submitting necessary attachments will result in the nomination not being considered.

A recent photograph of the candidate should be attached.

Particular of Recommending Institution

Name of Institution : _____
(Should be a Research Center or a Faculty for University or a Research Centre for Non-University Institution)

Address : _____

Province : _____ Post Code : _____

Telephone : _____ Fax : _____

Email Address : _____

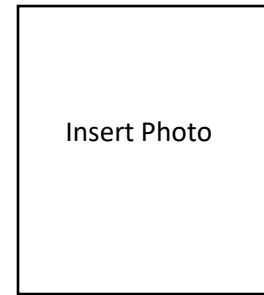
Name & Title of Representative : _____
(Chairman/Dean/Director)*

*) Choose the appropriate one

[Insert a copy of recommendation letter here]

Particular of Principal Researcher

Name & Title :
Place & Date of Birth :
Age :
Gender :



Name of Institution :

Faculty : Dept :

Position of Candidate :

Address of Institution :

Province : Post Code :

Telephone number : Fax :

Mobile number : Email :

Particular Co-Researchers

Name : Date of Birth :

Gender :

Name of Institution :

Faculty : Dept :

Telephone number : Fax. Number :

Mobile number : Email :

Particular Co-Researchers

Name : Date of Birth :

Gender :

Name of Institution :

Faculty : Dept :

Telephone number : Fax. Number :

Mobile number : Email :

Particular Co-Researchers

Name	:	Date of Birth	:
Gender	:		
Name of Institution	:		
<hr/>			
Faculty	:	Dept	:
<hr/>			
Telephone number	:	Fax. Number	:
<hr/>			
Mobile number	:	Email	:
<hr/>			

Particular Co-Researchers

Name	:	Date of Birth	:
Gender	:		
Name of Institution	:		
<hr/>			
Faculty	:	Dept	:
<hr/>			
Telephone number	:	Fax. Number	:
<hr/>			
Mobile number	:	Email	:
<hr/>			

Title of Research Project

Research Plan Summary

Please describe your research maximum total 300-400 words, which cover as follows

- Key Technology :
- Purpose :
- Result :
- Impact :

Desired amount of research grant :

Schedule for usage of grant:

Commencement Date

Completion date

PROPOSAL TEMPLATE

1. Research plan

1.1. Introduction

1.2. Purpose of Study

1.3. Methodology

1.4. Justification of Plan

2. Proposed Used of the Research Grant

A. Research and Development Cost

No.	Item	Qtt	Price per item	Total
Total				

B. Operational Cost (e. g. Travel cost, Telecommunication, etc)

No.	Item	Qtt	Price per item	Total
Total				

C. Publication Cost

No.	Item	Qtt	Price per item	Total
Total				

D. New Equipment Cost

No.	Item	Qtt	Price per item	Total
Total				

E. Additional Consumable Cost

No.	Item	Qtt	Price per item	Total
Total				

Total Research Proposal

No.	Item	Qtt	Price per item	Total
Total				

3. List of References

4. Please state briefly the past achievements of the Principal and the Co-Researcher(s) related to this project.

5. Please state whether the Principal and the Co-Researcher(s) submit this propose research to other financial received any grant/subsidy for any research project from any foundations or ministries

YES

NO

If the answer is yes, please state the institution which provided the grant, the year(s) and the topic(s) of the grant(s)

6. Curriculum Vitae of the Principal Investigator

A. Personal Details

1	Full Name	
2	Gender	
3	Place, Date of Birth	
4	E-mail	
5	Phone Number	
6	Institution	
7	Office Address	
8	Phone/Fax	

B. Education

	Bachelor	Master	Doctoral
University			
Major			
Enrollment-Graduation			
Final Thesis/Project/Dissertation			
Supervisor/Promotor			

C. Selected Publications

No	Title	Journal Name	Vol/No/Year

D. Research Grants (last 5 years)

No	Title	Year	Funding	
			Source	Amount

E. Awards (last 5 years)

No	Type of Award	Awarding Institution	Year

F. Thesis Supervisor

No	Title	Name/Institution	Year