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**RESEARCH SUPPORT APPLICATION FORM**

**Fiscal Year:** \_\_\_\_\_

**A. PARTICULARS ABOUT THE APPLICANT**

1. **Name in Full: /Mr. Mrs. /Ms.** \_\_\_\_\_ *(circle appropriate title)*

i). Sex : \_\_\_\_\_ Male \_\_\_\_\_ Female

ii) Age \_\_\_\_\_ years

iii) University: \_\_\_\_\_

iv).Department:&Field of study \_\_\_\_\_

v).Address : Region \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

3. Please provide your position and name of your employer/previous employer, if there is any:

Organization \_\_\_\_\_ Position \_\_\_\_\_

4. Are you learning in the field of study? (Related to seed sector) \_\_\_\_\_ (Yes / No)

If yes, \_\_\_\_\_

5. What is your Research title? \* \_\_\_\_\_

6. Have you received previously /planning to receive fund from any other organization?

Yes?  No

If yes, please specify the source, purpose and amount of fund

Source of fund \_\_\_\_\_

Purpose of fund \_\_\_\_\_

Amount of fund \_\_\_\_\_

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**C. DETAILS OF RESEARCH BUDGET**

**\*Total Funds Requested (Birr)**

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**1. Summary of the Budget (with full justification)**

Sr. No.	Item	Amount (Birr)
1.	Consumable Supplies	
2.	Field work related expenses	
3.	Per diem	
4.	Miscellaneous	
<b>Total:</b>		

**2. Consumable Supplies**

Sr. No.	Items with specification	Amount (Birr)
1.		
2.		
3.		
4.		
5.		
<b>Total:</b>		

**3. Field work Related Expenses**

Sr. No.	Items with specification	Amount (Birr)
1.		
2.		
3.		
4.		
5.		
<b>Total:</b>		

**Declaration of the Applicant**

I hereby declare and affirm that to the best of my knowledge and belief the statements made herein above are correct, complete and truly stated.

*Name* \_\_\_\_\_  
*Signature of the Applicant* \_\_\_\_\_

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**B. ATTESTATION BY:**

**1. Head of Department / Institute / Colleges / School**

Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp:

*Only for Office Use:*

**Application form status:**

**Completed**  
 **Incomplete**

**Total grant allocated (Birr):** \_\_\_\_\_

**Total Funds request should not exceed to** \_\_\_\_\_