**[FORM-2]**

|  |  |  |
| --- | --- | --- |
| ID NUMBER(FOR OFFICE USE ONLY) | RESEARCH PROPOSAL |  |
|  |  |
| **Name of applicant** (Block capitals) |
| (Family name) | (First name) | (Middle name) |
|  |  |  |

State the concrete details of your research plan within 2 pages. The statement must be type/written in block letters.

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