## NATIONAL MEDICAL RESEARCH COUNCIL

## Award Extension Form

## *(Without change in total award amount)*

All information is treated with confidence. The information is furnished to the National Medical Research Council with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes*.*

Kindly ensure that **ALL** sections of this Form are completed. Please use attachment sheets if space provided is insufficient.

Sections highlighted in yellow will not be required for input for submission of award extensions on nGager.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

# BUDGET INFORMATION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Tuition Fees** | **Salary** | **Overseas Conference** | **Others** | **Total** |
| Award approved |  |  |  |  |  |
| **Expenditure to date** |  |  |  |  |  |
| **Balance** |  |  |  |  |  |

1. **AWARD EXTENSION Requested:**

*(dd/mm/yy)*

*(dd/mm/yy)*

**From: To:**

**Length of requested extension: months**

**Total approved extension to date: months**

1. **Reasons for Extension:**
2. Summarise the current progress of the project in terms of the approved aims and objectives (e.g. which aims completed, which aims in progress and at what stage). If there were delays in the project, please include in summary.
3. Explain why the project could not be completed with the remaining duration (e.g. changes in aims, protocol).
4. Explain clearly how the extended duration will allow project’s completion. Please indicate changes to the PhD conferment date if any. Please note bond service will kickstart one working day after the conferment date only (applicable to training leading to formal degrees).
5. **Impact on RESEARCH OUTCOMES AND KEY PERFORMANCE INDICATORS (KPIs):**

Explain any potential positive impact on the research outcomes (e.g. clinical/scientific impact), KPIs for this project and the completion[[1]](#footnote-1) of the Fellowship with the extension granted.

1. **new CashFlow projection (upon extension approval):**

***Project Start-date to Current End-date***

**Category** **FY20**   **FY20**   **FY20**   **FY20**   **Total**

 (1 Apr   - (1 Apr   - (1 Apr   - (1 Apr   -

 31 Mar   ) 31 Mar   ) 31 Mar   ) 31 Mar   )

*Manpower*

*Equipment*

*OOE*

**Total costs by year**

***Current End-date to Requested End-date***

**Category** **FY20**   **FY20**   **FY20**   **FY20**   **Total**

 (1 Apr   - (1 Apr   - (1 Apr   - (1 Apr   -

 31 Mar   ) 31 Mar   ) 31 Mar   ) 31 Mar   )

*Manpower*

*Equipment*

*OOE*

**Total costs by year**

1. **UPDATED PROJECT/traiNING MILESTONES (upon extension approval):**

Please fill in the table with the milestones as stated in the original Fellowship application. Use shading to indicate the original target duration, and crosses to indicate the actual/updated duration. (Please remove the examples in the table below and add more rows where applicable).

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY20XX | FY20XY | FY20XZ |
|  | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Milestone 1 | X | X | X |  |  |  |  |  |  |  |  |  |
| Milestone 2 |  |  |  | X | X |  |  |  |  |  |  |  |
| Milestone 3 |  |  |  |  |  | X | X | X | X | X |  |  |
| Milestone 4 |  |  |  |  |  |  |  |  |  |  | X | X |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Declaration:**

**I hereby declare that all the information provided by me in this form is accurate and true to the best of my knowledge and that I would be responsible for the consequences of providing false and/or misleading information.**

|  |  |  |
| --- | --- | --- |
| **SIGNATURE OF FELLOWS/SCHOLAR** |  | **DATE** |

**Endorsed by:**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE****OF Research Director** **or his/her designated authority** |  | **DATE** |

1. Refers to the conferment date for training leading to formal degrees (e.g. Master’s degree, PhD) and the completion of the intended Research for research attachments supported. [↑](#footnote-ref-1)