## NATIONAL MEDICAL RESEARCH COUNCIL

## Variation 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*.*

This form is applicable tothe awards under **NMRC Research Training Fellowship and MOH Healthcare Research Scholarship (PhD)** only**.**

**All variation requests** (in terms of amount of items) **will require approval** from NMRC. The Research Director or his/her designated authority must endorse the award variation. Please note that NO expenditure is permitted until formal approval has been given by NMRC.

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

|  |  |
| --- | --- |
| **Project Title:** |  |
| **NMRC Award ID:** | NMRC/ |
| **Type of Training:** | *Local/Overseas, part-time/full-time,* *Master’s Degree/MPH/PhD/Attachment* |
| **Place of Training:** |  |
| **NMRC Support End-Date** (as stated in the Agerement): | *DD/MM/YYYY* |
| **NMRC Support End-Date** (as stated in the Agerement): | *DD/MM/YYYY* |
| **Expected Training Completion[[1]](#footnote-1) Date:** | *DD/MM/YYYY* |
| **Fellow’s/Scholar’s Name:** |  | **Department:** |  |
| **Email:** |  | **Host Institution:** |  |

# AWARD INFORMATION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Tuition Fees** | **Salary** | **Conference** | **Others***(Maintenance allowance, book fees etc.)* | **Total** |
| Award approved |  |  |  |  |  |
| **Expenditure to date** |  |  |  |  |  |
| **Balance** |  |  |  |  |  |

|  |  |
| --- | --- |
| **a. All previously approved variation: $** |  |
| **b. Current request for variation: $** |  |

1. **SUMMARY OF VARIATION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **From Category** | **To****Category** | **Amount Transferred ($)** | **Remarks \*\***a) Request to forego originally approved item(s)Explain why item is not required or how savings is derivedb) Request for new item(s)Explain the need and why this was not catered for in the original budget. *(use attachments if necessary)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***[ \*\* IMPORTANT: Please complete this section, otherwise request will be rejected***

1. **REASONS FOR FORGOING ORIGINALLY APPROVED ITEMS:**
	1. Explain why item is not required or how savings is derived.
2. **REASONS FOR REQUIRING ADDITIONAL OR NEW ITEMS:**
	1. Explain need for additional item(s) or additional funding into existing item(s) etc and why this was not catered for in the original budget.
	2. If the variation request was made less than 3 months of the award’s end-date, please inform why the request was only made now and provide strong justification(s) for the importance of the item to the training supported under the Award. The request must be in-line with the Department/Institution’s guidelines.

**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 FELLOW/SCHOLAR |  | DATE |

#

**Approved/ Endorsed\* by:**

|  |  |  |
| --- | --- | --- |
| NAME, TITLE & SIGNATUREOF Research Director or his/her designated authority |  | DATE |

\* please delete where appropriate

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