



Research Training Request Form

1	Personal details of trainee/ researcher		
Name* of the trainee/s <small>You may fill in multiple names if required</small>			
Qualification			
Affiliation of the trainees <small>(Department/ Organization)</small>			
Email ID			
Mobile no.			
Training Duration (Starting Date & End Date)			
Timing during the Day			
Days in week			
Attach documents		<input type="checkbox"/> CV <input type="checkbox"/> Degree Certificates <input type="checkbox"/> Experience certificates	<input type="checkbox"/> Other, please specify
Documents enclosed		<input type="checkbox"/> Request letter by Trainee <input type="checkbox"/> Request letter by Sponsor /Head/ Dean for Trainee	<input type="checkbox"/> Other, please specify
2	Offered Trainings Techniques		
<input type="checkbox"/> DNA extraction, <input type="checkbox"/> RNA extraction <input type="checkbox"/> Primer designing <input type="checkbox"/> PCR amplification <input type="checkbox"/> c-DNA synthesis <input type="checkbox"/> Genotyping <input type="checkbox"/> Delta CT analysis <input type="checkbox"/> High resolution <input type="checkbox"/> Melting analysis		<input type="checkbox"/> Restriction Fragment Length Polymorphism (RFLP) <input type="checkbox"/> Polymerase Chain Reaction (PCR) <input type="checkbox"/> Amplification Refractory Mutation System PCR (ARMS-PCR) <input type="checkbox"/> Western blotting <input type="checkbox"/> ELISA <input type="checkbox"/> DATA analysis	<input type="checkbox"/> Manuscript writing <input type="checkbox"/> Journal selection process <input type="checkbox"/> Other, please specify
3	Short term research project:		



Title of the Project				
4	Expenses for the training or research project			
<input type="checkbox"/> Self-funded project		<input type="checkbox"/> DSR –University of Tabuk		
<input type="checkbox"/> External Funding agency, specify the name		<input type="checkbox"/> Other, please specify		
5	Supervision during training at the Chair			
Supervisor Name:				
Co-Supervisor Name:				
Bench Supervisor Name:				
Other, Specify their names and their roles				
6* If Applicable	Research report to be submitted to the Chair after the completion of the training or research project*			
Research report submitted				
Publication submitted				
Training recommendation letter (after report submission)				
7	Approval from the Prince Fahd Bin Sultan Research Chair			
No.	Name	Role	Signature	Date