

**RAVTE Students Innovation Award: Application Form**

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| Research/Project Title  |  |
| Name of Applicant |  |
| Position of the main applicant, e.g. Team Leader/Co-leader /Member  |  |
| Email |  |
| Contact No. (Tel./Online msg ID: Line/Viber/WhatsApp etc.) |  |
| Name of University/College/Institute |  |
| List of the names and position of team members. |  |
| Project start and End dates |  |
| Presented/ Published Date (Optional) |  |
| Where it was presented /published (e.g. Conference /Exhibition/Journal etc.) |  |

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| Signature (digital/printed) |  |
| Approved by (Lecturer/ Advisor/Co. Advisor) |  |