kemrilogo copy

**KENYA MEDICAL RESEARCH INSTITUTE**

**BIOSKETCH FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INTERNAL RESEARCH GRANTS** | | | | | | |
| **BIOSKETCH OF PRINCIPAL INVESTIGATOR (*Maximum 2 pages*)** | | | | | | |
| **Surname:** | | | **Other Name(s):** | | | |
| **Centre:/Dept:** | | | **Current Designation:** | | | |
| **E-Mail:** | | | **Personal Number:** | | | |
| **Cell:** | | |  | | | |
| **1. Academic Qualifications:** (*Indicate year of qualification or if currently enrolled for a higher degree, state the area of study and the training Institution)* | | | | | | |
| **2. Work/Research Experience while in KEMRI.** | | | | | | |
| **3. Research Grants/Current/Previous in the last three (3) years, including recently submitted applications and their funding status.**  **State your role, whether PI, Co-Investigator or other.** | | | | | | |
| **4. Publications/Papers presented at major conference/scientific meetings, including KASH Conference** *(Up to 5 most relevant)* | | | | | | |
| **5.Title of Current Application:** | | | | | | |
| **6. Has this application been submitted for funding to any other institution or agency?** | | | | | | **YES/NO** |
| **If YES** | **Where?** |  | | | | |
| **When?** |  | | | | |
| **What is the outcome?** | **FUNDED/APPROVED FOR FUNDING:** | | **NOT FUNDED:** | **PENDING:** | |

**Signature of Applicant (PI): Date:**

**Verification by Centre Director/Head of Department:**

**Name: Signature: Date:**

**END**