Preliminary Research Proposal

Name project:
Name applicant:
Date completed:
PROJECT DETAILS

Name Research Proposal

Type of research

Is your application also submitted with another institute and if yes, please insert name of institute

Please include names of (minimal) 2 external references (both in the area of oncology as Artificial Intelligence). Optional: contact details

Applicant
Institute

Name

Department

Address

Postal code and City

Phone

Mobile phone

Email address

Date of birth applicant
SUMMARY OF THE PROPOSAL

Background

Research (preliminary data)

Plan of Investigation

Relevance for cancer research

Use of Artificial Intelligence

Relevance to the patient
PROJECT DESCRIPTION

Aim of the study

Plan of Investigation

Time frame

References
PROJECT EMBEDDING

Already engaged personnel

Requested personnel

Motivate requested personnel
**BUDGET SPECIFICATION**

Financial support requested is requested for 4 years

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<th>Year #1</th>
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BIOSKETCH OF INVESTIGATOR

Applicant
Title(s) / Name

Year of PhD (if applicable), Supervisors / promotor, Title of dissertation

Current position

Professional experience

International activities

Honors and awards

Selected publications
DOCUMENTS

This form can be submitted with some extra files (optional)