



# C-International Archives

**Publishing and Research Consultancy Services**

**Mission: To promote integrity in research and mentor researchers across the globe**

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## **COLLABORATIVE RESEARCH GRANT REGISTRATION FORM**

Date:

**Name of Facility**

**Address of Facility**

**Number of Departments or Units**

**Number of Doctors**

**Number of Consultants**

**Number of Nurses**

**Number of other Allied Health Professionals**

**Ownership of Facility**

**Name of Principal Officer**

**Designation**

**Email Address**

**GSM Number**

**Number of Research Grants to be awarded per month**

**Signature of Principal Officer**