



جامعة الإمام عبد الرحمن بن فيصل  
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY  
معهد الأبحاث والاستشارات الطبية  
Institute for Research and Medical Consultations

## Part-Time Researcher Application Form

Applicant Information	
Name:	Degree:
Affiliation:	Specialty:
Academic Rank:	College: Department:
Nationality:	University ID Number:
National ID or Iqama No.:	Mobile Number:
E-Mail:	
Project Information*	
Project Title:	
<input type="checkbox"/> Funded project <input type="checkbox"/> Non funded	
Start Date:	End Date:
Required IRMC Equipment:	

\*Attach Project Proposal and CV

Scan the following barcode to  
get the form in word format





جامعة الإمام عبد الرحمن بن فيصل  
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY  
معهد الأبحاث والاستشارات الطبية  
Institute for Research and Medical Consultations

**I hereby agree to:**

1. Abide by IRMC rules and regulations.
2. Provide authorship to IRMC co-researcher(s) (if any), who were involved towards carrying out the project as dictated by the authorship guidelines of scientific research.
3. Acknowledge IRMC facilities in future outcomes of the project.
4. Provide the required materials for my project (e.g., chemicals and consumables).
5. Conduct research experiments (or any IRMC visits) within the official working hours.

Applicant Name	Signature	Date
IRMC Department Chairperson Name	Signature	Date
IRMC Dean Approval	Signature	Date

Scan the following barcode to  
get the form in word format

