RESEARCH PROPOSAL
APPLICATION FORM

Project Title：_____

Principal Investigator：_____

Affiliated Institution：_____

Contact Information：_____

Peace Research Institute Hong Kong

Academy of Contemporary China and World Studies

October 2026

Name		Gender		Age		Education / Degree		Professional Title/ Position	
Affiliated Institution							Research Field		
Telephone							Fax		
E-mail							Mobile Phone		
Mailing Address							Postal Code		
Project Team Members	Name	Gender	Age	Research Field	Degree	Position / Professional Title	Affiliated Institution		
Major Research Outputs of the Project Team over the Past Three Years									

Basic Research Approach of the Project	
Conditions for Conducting the Project	

Project Implement-ation Steps and Timeline	
Detailed Project Budget	

Opinion of the Applicant's Affiliated Institution	Signature of the Responsible Person： Date (Year / Month / Day)：
Opinion of the Review Committee	Signature of the Responsible Person： Date (Year / Month / Day)： (Official Seal)