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Cover Proforma

**Strategic Research Development Committee
Expression of Interest
for
Research into Chronic Disease: Unified Systems of Care**

Application Title

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Synopsis of Research Project

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| Indicative Budget:: \$ | Duration of project : |
|------------------------|-----------------------|

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| Name of Chief Investigator A (CIA): | |
| CIA Telephone number: | |
| CIA Email address: | |
| CIA Postal address: | |
| | |
| Name of Chief Investigator B (CIB): | |
| CIB Telephone number: | |
| CIB Email address: | |
| CIB Postal address: | |
| | |
| Name of Chief Investigator C (CIC): | |
| CIC Telephone number: | |
| CIC Email address: | |
| CIC Postal address: | |
| | |

(applicants may attach additional information if there are more than three Chief Investigators)

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| Administering Institute | |
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