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| **RIGS- KNOWLEDGE TRANSFER PROGRAMME** **EVALUATION FORM**  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **PROJECT TITLE :**   |
|  |  |  |  |  |  |  |  |  |  |
| **Research Cluster & Research Area Please tick (/)** |
|
| 1. **Pure and Applied Science** |   |
| 2. **Technology and Engineering** |   |
| 3. **Clinical and Health Sciences** |   |
| 4. **Social Sciences** |   |
| 5. **Arts and Applied Arts** |   |
| 6. **Natural and Cultural Heritage** |   |
| 7. **Information and Communication Technology** |  |
|  |  |  |  |  |  |  |  |  |  |
| **PROJECT LEADER** |
| NAME:   |
|  |  |  |  |  |  |  |  |  |  |
| **EVALUATOR DETAILS**  |
| NAME OF EVALUATOR :  |
|  |  |  |  |  |  |  |  |  |  |
| **SUMMARY OF EVALUATION** *(Reference Purposes)* |
| CRITERIA  | KTP | WEIGHTAGE (W) | MARKS  |
| I | C | MIN | MAX |
| LIKERT RATING (L) | TOTAL (W) X (L) | LIKERT RATING (L) | TOTAL (W) x (L) |
| 1. Completeness of Application  | / | / | 2 | 3 | 6 | 5 | 10 |
| 2. Capability of Project Leader & Team Members | / | / | 1 | 3 | 3 | 5 | 5 |
| 3. Commitment of Partner  | / | / | 2 | 3 | 6 | 5 | 10 |
| 4. Knowledge to be Transferred  | / | / | 1 | 3 | 3 | 5 | 5 |
| 5. Merit and Viability of Project/Programme  | / | / | 2 | 3 | 6 | 5 | 10 |
| 6. Output / Impact of Project/Programme  | / | / | 2 | 3 | 6 | 5 | 10 |
| **GRAND TOTAL** |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| If assessment made in the compulsory section showed a rating of 2 (inadequate), the grant should be rejected.  |   |   |
| Please tick (/) in the appropiate box and provide additional comments in the last coloumn if necessary  |   |   |
| **CRITERIA**  | 1 | 2 | 3 | 4 | 5 | Weightage (W) | Total (W) x (L) | REMARKS  |
| Seriously Inadequate  | Inadequate  | Acceptable  | Good | Very Good |
| 1. Completeness of Application [Guide for Evaluation: Is the application form complete? Does the literature review gives adequate, current and relevant background to the proposal? Is the problem statement to be addressed sufficiently clear to the evaluator? Is the title appropriate for the proposal? ] |  |  |  |  |  | 2 |  |  |
| 2. The capability of Project/Programme Leader and Team Members [Guide for evaluation: Has the team conducted relevant / similar programme/s in the proposed NPA? Are track records relevant to the current proposal? If the Project leader/team is a beginner, please indicate so] |   |   |   |   |   | 1 |   |   |

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| CRITERIA  | 1 | 2 | 3 | 4 | 5 | Weightage (W) | Total (W) x (L) | REMARKS  |
| Seriously Inadequate  | Inadequate  | Acceptable  | Good | Very Good |
| 3. Commitment of Partner [Guide for evaluation: Is the proof of collaboration convincing? Is the amount of contribution (Monetary/ Non-Monetary) sufficient? *\* For community this is based solely on letter of acceptance*.] |   |   |   |   |   | 2 |   |   |
| 4. Knowledge to be Transferred [Guide for evaluation: Is the knowledge to be transferred relevant to the title and problem statement?  |   |   |   |   |   | 1 |   |   |
| 5. Merit and Viability of Project/ Programme [Guide for evaluation: Does the project/programme show merit according to the Research Area addressed? Is the programmemethodology/approach applicable, appropriate and sufficiently rigorous? Is the project/programme statement realistic and manageable within the proposed duration?] |   |   |   |   |   | 2 |   |   |
| 6. Output/ Impact of project/programme [Guide for evaluation: Are the suggested output measurable and can be quantified? Can the project/programme be replicated and address sustainability?] |   |   |   |   |   | 2 |   |   |
| **GRAND TOTAL** |   |   |   |   |   | **/50** |   |
|  |  |  |  |  |  |  |  |  |  |
| **RISK OF THE PROGRAMME :** |  |  |  |  |  |  |  |  |
| Please tick (/) in the appropriate box and provide additional comments in the last column if necessary  |
|  |  |  |  |  |  |  |  |  |  |
| RISK  | LOW | MEDIUM | HIGH | REMARKS  |
| Timing Risk |   |   |   |   |
| Technical Risk |   |   |   |   |

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| DECLARATION BY EVALUATOR  |  |  |  |  |  |  |  |  |
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| RECOMMENDATION:  |  |  |  |  |  |  |  |  |
| Please tick (/) in the appropriate box  |  |  |  |  |  |  |  |  |
|   | Application is recommended to the Chairman of RIGS-KTP EVALUATION PANEL |
|   | Rejection of Application is Recommended. ***Please state reasons for rejection and provide positive comments*** |
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| *Comments:*  |   |
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| Signature:  |    |  |  |  | Date:  |   |  |  |
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| FOR OFFICE USE ONLY:  |   |   |   |   |   |   |   |   |
|   |  | [ ( 1+2+3+4+5+6 ) / 50 ] = Total | TOTAL |
| MARK `= | CRITERIA | 1 | 2 | 3 | 4 | 5 | 6 |   |
|    |   |   |   |   |   |
|   |  |  |  |  | 50 |  |  |  |   |
|   |   |   |   |   |   |   |   |   |   |