Israel Cancer Association

Research Grant Report 2027

Application number_____
Committee Member _____

Type of research:
☐ Basic
☐ Clinical
  ☐ Epidemiologic
  ☐ Genetic Epidemiologic
  ☐ Behavioral

☐ **Renewed Grant (Second Year)**

Research Title:
In Hebrew _____

In English _____

Key Words:
In Hebrew _____ _____ _____ _____

In English _____ _____ _____ _____

Date of research commencement _____ Requested sum _____

Name of Grant Applicant: ☐ Principal Investigator
In Hebrew: _____

In English: _____

ID No. (9 dig.): _____

Academic degree (Ph.D, M.D., M.D. Ph.D, Dr., Prof.): _____

Address (Dept. Institution): _____

Telephone: _____ Mobile Phone: _____ Fax: _____

Email: _____

Name of Applicant _____

Research Title:

Institution:

Scientific Report and Research Plan – no more than 5 pages:

Name of Applicant _____

Research Title:

Publication List: update only: