**HKUMed Research Fellowship Scheme for Clinical Academics**

**Completion Report**

*(Please submit the completed form to the Research Team of the Faculty Office within one month upon the completion of the project.****)***

1. **Personal & Project information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Department: |  | | |
| Project title: |  | | |
| Project Period: | Start Date | Completion Date | Duration |
|  |  |  |

1. **Details of the Project**

1**. Project Objectives**

**2. Realization of the above objectives**

*(Please state how and to what extent the objectives have been achieved.)*

**3. Research Outputs**

*(Please list out the research outputs in all forms.)*

**4. Impacts of the Project**

**5. Plan of Future Research Activities**

**6. Financial Statement**

*(Please include breakdown of expenditures and attach receipts as appropriate)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

September 2022