**Please complete all sections and use additional pages, if necessary. Completeness of this report is necessary as part of the reporting requirements of Duke-NUS Medical School. Please refer to Letter of Award Terms & Conditions - Reporting Requirements.**

**Upon completion, please e-mail the duly signed report to your respective Duke-NUS Academic Programmes Management Department’s point-of-contact.**

## Section A: Grant Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Period:** | From: Click here to enter a date. To: Click here to enter a date. | | |
| **Project Title:** |  | | |
| **Project No.:** |  | | |
| **SDDC:** | Choose an item. | | |
| **Host Institution:** |  | | |
| **Project Start Date:** (As per Letter of Award) |  | **Project End Date:** (As per Letter of Award) |  |
| **Approved Budget ($):** (As per Letter of Award) |  | **Extended Project End Date:** *(If applicable)* |  |

## Section B: Final Report

1. **SUMMARY (not more than 200 words)**

Provide a summary on the progress of the SDDC (e.g. a concise overview on how the SDDC has advanced its strategic initiatives and achieve the Academic Medicine goals in the past year).

1. **PROBLEMS ENCOUNTERED DURING THE PROJECT**

State any problems encountered during the project and how these were resolved.

1. **COLLABORATION**

Indicate any collaboration forged with local and overseas institutions – state names, organizations and nature of collaboration(s). Please highlight key collaboration(s) with Duke-NUS and Duke Health, Durham.

1. **ACTIVITIES HELD**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Activity** | **Date**  *(DD MMM YYYY)* | **Outcome/ Comment** |
| *0* | *Research Day* | *01 Apr 2016* | * *Received total of XX abstract submissions for poster competition* * *90% of researchers were present* |
|  |  |  |  |
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1. **PERFORMANCE AND PROGRESS REPORTING ON AM OUTCOMES**
2. Study Trip’s learning points and other outcome
3. Follow-up action plan
4. Challenges anticipated with implementation of action plan

## Section C: SIGNING OF REPORT

Submitted by:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
| Head of SDDC  (Name & Signature) |  | Date |