

Do you have research ideas?
You don't know how to proceed?

Individualized guidance by experienced facilitators

Clinical Research Proposal Write-Up Workshop

29th April 2025 & 19th May 2025

8 am - 5pm

Seminar Room 1 - 3,
Post-Graduate Centre, Level 3,
Hospital Tunku Azizah



[REGISTER NOW](#)

16 CPD
POINTS

Speakers & Facilitators:

Datuk Dr Kalaiarasu M.Peariasamy
Datin Dr Noriah Bidin
Professor Dr Karuthan Chinna
Dr Ami Fazlin Syed Mohamed
Dr Hajjah Salina Abdul Aziz
Dr Lee Keng Yee

Organized by :



CLINICAL RESEARCH
CENTRE (CRC)
HOSPITAL TUNKU AZIZAH
KUALA LUMPUR



In Collaboration with :

MALAYSIAN
THORACIC
SOCIETY

Tentative Program

29 April 2025

8:00 am - 9:00 am Registration and Breakfast	12:45 pm - 2:00 pm Lunch Break
9:00 am - 10:00 am Guidance on writing a good research proposal	2:00 pm - 5:00 pm Hands-on group work
10:00 am - 11:30 pm Presentation of research proposal draft	5:00 pm End of Day 1 program
11:30 am - 12:45 pm Hands-on group work	

19 May 2025

8:00 am - 9:00 am Registration and Breakfast	12:50 pm - 2:15 pm Lunch Break
9:00 am - 11:00 am Presentation of full research proposal	2:15 pm - 4:30 pm Hands-on group work
11:00 am - 11:20 am Morning Break	4:30 pm - 5:00 pm Closing Session
11:20 am - 12:50 pm Presentation of full research proposal (continued)	5:00 pm End of Day 2 program

REGISTRATION FORM

CLINICAL RESEARCH PROPOSAL WRITE-UP WORKSHOP

Registration	Registration Fee	/
MTS Member or MOH staff	RM 300.00	
Others	RM 350.00	

On-site registration WILL NOT be accepted. Places are limited. Registration will close once all places are taken.

All payments by cheques should be issued in favour of "**Malaysian Thoracic Society**"
Payments can be made via telegraphic transfer to the following account:

Account Name : Malaysian Thoracic Society
Account Number : 873-1-0420229-5
Name of Bank : Standard Chartered Bank Berhad
Address of Bank : Publika Branch Solaris Dutamas Jalan Dutamas 1,
50480 Kuala Lumpur

(Please return the remittance advice note along with this form either by fax or email. Document image by email is also acceptable)

Each registration per participants

All Information is required

Name : _____ Dr / Ms / Mr

Phone Number : _____ Personal Email : _____

Position : _____ Grade : _____

Department/Klinik Kesihatan : _____

Hospital/Pusat Kesihatan Daerah : _____

MTS Member ? : Yes / No

Dietary Preference : Non-Vegetarian / Vegetarian

Payment Amount : _____ Date of Payment : _____

Payment Reference Number : _____

Please include attachments as below :

1. Proof of Payment

Any enquiries please contact :

Clinical Research Centre (CRC),
Hospital Tunku Azizah
Email : researchwchkl@moh.gov.my
Tel : 03-2600-3000 (ext 2120)

All participants are required to email a draft of the research proposal by 5pm, 15th April 2025.