RESEARCH COLLABORATION AGREEMENT (RCA) FORM

ATTA-UR-RAHMAN SCHOOL OF APPLIED BIOSCIENCES (ASAB)
National University of Sciences & Technology (NUST), Pakistan

(Student Research / Internship / External Collaboration)

ASAB Research Office Use Only
Ref No: _____

Project Title: _____

ASAB Faculty Supervisor: _____

External Collaborating Institute: _____

ASAB Host Laboratory: _____

Duration of Collaboration: From _____ To _____

Total Working Days: _____

Expected Hours per Week: _____

Role	Name	Designation / Department	Institution	Email	Contact
Student Researcher			ASAB/NUST		
ASAB Faculty Supervisor			ASAB/NUST		
External Collaborator					
*External Recommender					

(Briefly describe the aims and expected scope of the project)

_____

_____

_____

Please indicate the contributions from each collaborating party:

Resource Category	ASAB / NUST	External Institute
Laboratory Space / Facilities	☐	☐
Equipment / Instrumentation	☐	☐
Reagents / Consumables	☐	☐
Computational / Data Support	☐	☐
Technical Expertise / Supervision	☐	☐

Role in the project (tick one):

☐ Supervisor
☐ Co-Supervisor
☐ Graduate Evaluation Committee (GEC) Member

If Co-Supervisor, specify responsibilities:

Will the external collaborator provide financial support?

☐ Yes. ☐ No
Amount (PKR): _____

Purpose / Items Supported:

Expected outcomes of this collaboration (tick all applicable):

☐ Thesis / Dissertation
☐ Journal Publication
☐ Conference Presentation
☐ Technical Report
☐ Patent / Innovation
☐ Other: _____

1. Is there potential for patentable or commercializable outcomes?
   ☐ Yes ☐ No

2. All intellectual property arising from this collaboration shall be governed by the applicable policies of **entity "organization" "National University of Sciences and Technology" "Pakistan"** and the collaborating institution.

3. The undersigned confirm that:

☐ Confidentiality requirements have been discussed and agreed upon.
☐ Relevant biosafety / ethical guidelines will be followed.
☐ No conflict of interest exists in this collaboration.

Signatory	**Name**	**Signature**	**Date**
Student Researcher			
ASAB Faculty Supervisor			
External Collaborator			
Head of Department			
Head of Research (ASAB)			
Principal ASAB			

I certify that the information provided in this Research Collaboration Agreement is accurate and complete. I agree to comply with institutional research, ethics, biosafety, and intellectual property policies throughout the duration of this collaboration.

Student Signature: _____
Date: _____

***The external recommender must be the Manager, Principal Investigator (PI), Supervisor, or Head of Department (HoD) of the applicant and should have known the applicant in a professional or academic capacity. The recommender should be able to assess the applicant's research capabilities and suitability for the proposed collaboration.**