



جامعة الخليج الطبية
GULF MEDICAL UNIVERSITY

REQUEST FOR STATISTICAL ASSISTANCE

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Personal details	
Name:	
Company/Organization:	
Address:	
City, State, Zip:	
Phone Number:	Fax Number:
E-mail Address:	

Description of Work Requested

(For Department Use Only)	Consultant
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Initial Contact (hrs):

Duration (in hours):

Assigned to:

Schedule of Fees:

Description of the Work	Amount Per hour (In AED)
Data Entry	250
Data Analysis	500
Help in Research Proposal writing	500
Editing the Manuscript	125 per page (A4)

* Payments will be made directly to the accounts department, Gulf Medical University, Ajman, UAE during the time of consultation. Receipts will be given for payments.