**Project Document**



BITx Lab Membership Application

|  |  |
| --- | --- |
| File Name | BITx Lab Membership Application |
| Issuance Department | Wireless Innovation |

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# Project Background

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| --- | --- |
| ***Project Name:*** |  |
| ***University/Company:*** |  |
| ***Project Owner:*** |  |
| ***Type of Project:*** |

|  |  |  |
| --- | --- | --- |
|[ ]  Research |[ ]  Industrial |  |

 |
| ***Market Potential:*** |

|  |  |  |
| --- | --- | --- |
|[ ]  Yes |[ ]  No | If **YES,** state the monetization estimate: RM  |

 |
| ***Project Summary:*** | *State brief summary of this project:* |
| ***Project Requirement/Deliverables*** | *State all the project deliverables in this area (the final output of this project).* *Add supportive sheets if required.* |
| ***High Level Project Scope:*** | *State high level project scope of this project:* |
| ***Expected Project Duration (in months):*** |  |
| ***Budget Requirement:*** |

|  |  |  |
| --- | --- | --- |
|[ ]  Yes |[ ]  No | If **YES,** state the expected budget required: RM  |

 |
| ***Resource Requirement*** | *State number of resources required for this project:* |
| ***Proposed Start Date:*** | 15/9/2015 | ***Proposed Completion Date:*** | 6/5/2016 |

# Project Stakeholder

|  |  |
| --- | --- |
|  **Stakeholders**  | **Name** |
| **Project Sponsor:** |  |
| **Project Owner:** |  |
| **Product Owner:** |  |
| **Project Technical Leader:** |  |
| **Project Manager:** |  |
| **Project Team Members:** |  |
|  |
|  |
|  |
|  |
| **Project Customer:** | State name of the customer |

# Project Implementation Plan & Execution Schedule

Please insert the high level timeline

# Project Risk Assessment

*Please insert the Risk Analysis & Impact*

# Project Endorsement & Approval

|  |  |  |  |
| --- | --- | --- | --- |
| ***Proposed by:****Signature of the proposer.*  | *I, hereby agree that all the information given and enclosed are to the best of my knowledge and I agree to take the responsibility to complete this project with the given scope,and schedule .* *In case of any changes to this document in the future in relation to scope and schedule and budget, I will initiate a change request.*

|  |
| --- |
| ***Proposer’s Signature*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Project Owner)**Name:* *Date:*  |
|   |

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|  |  |
| --- | --- |
| ***Approved by:*** | *Mandatory Approval Required**I agree to the scope of this project which is aligned to the IOT lab innovation*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Head of Committee)   *Date:* *Final Approvals*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chief Executive Officer)  *Date:*  |