

UTHM/RMC/BPG/2018/17

***For Office Use Only:***

Ref. No. :

Recv. Date :

**PUSAT PENGURUSAN PENYELIDIKAN (RMC)**

**UNIVERSITI TUN HUSSEIN ONN MALAYSIA**

**BORANG PERMOHONAN UNTUK KURSUS NASIONAL / SEMINAR / PERSIDANGAN**

***APPLICATION FORM FOR NATIONAL COURSES / SEMINARS / CONFERENCES***

*(For RMC use only)*

|  |  |  |
| --- | --- | --- |
| Budget Information | Vot | Balance |
| National | Vot21 |  |
| Vot29 |  |
| Center’s Budget |  | |
| Estimation Of Budget | | |
| Fee’s |  | |
| Other’s expenses |  | |

Checked By : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admin Assistant

Comment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Registrar

**PROJECT LEADERS**

Type Of Grant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Leader : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty / Center : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vot No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Duration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Courses/ Seminars/ Conferences attended must be related with ongoing research.
2. Application for attending national courses/seminars/conferences must be submit to RMC **twelve (12) working days** before courses/seminars/conferences start.
3. This application form must be completed in full before submitted RMC.
4. Reporting about attending courses/ seminars/ conferences must submitted with travel claim form.
5. Applicant shall submit a report to RMC courses / presentations typed and submitted to RMC and travel claim form.
6. Nomination encouraged to attend the conference only to participants who will present a paper.
7. Applicant are encourage to present paper for attending courses/seminars/conferences.

**CHECKLIST**

**Please (/) in the appropriate column**

Complete application form UTHM/RMC/BGP/2018/015

Proceeding paper ***“Acknowledgement”*** must fill in the paper proceeding

Brochure of conference with index information **(SCOPUS, ISI THOMSON FACTORS, ETC)**

Information for fees payment / Original Invoice

Flight ticket application form (if needed)

Proof of acceptance letter by organizer for presenter only

Letter of Appointment (students only)

Phone No. (Office) Handphone No.

**PART A: APPLICANT DETAIL** *( Fill By Applicant )*

Staff No. / Matric I/C Number

Name

Position / Grade

Faculty / Center

Research Title

Title of Proceedings

Paper

Start date Until

Days

**PART B : CONFERENCE DETAILS** *( Fill By Applicant )*

Conference Name

Place

Country

Organizer

Organizer Address

Deadline for Receipt of Entries by Organizers

|  |  |
| --- | --- |
| Payment Methods | Invoice Telegraphic Transfer Cash |
| Beneficiary Name |  |
| Beneficiary Address |  |
| Bank Name |  |
| Bank Address |  |
| Account Number |  |
| Swift Code |  |

|  |
| --- |
| **PART C : EXPENSES ESTIMATION** *(Fill By Applicant)*  \*please check at **Lampiran B** |
| Will paid by applicant  Will paid by University  i) Registration Fee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii) Flight Ticket : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii) Travel Expenses : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iv) Hotel /day : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v) Meal /day : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  vi) Others : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL** :  **\*\* Applicants should take into account the costs associated with organizational collaboration activity**  **( industry/ Research Institutes/ universities)** |

**PART D : CONFERENCES ATTENDED FOR CURRENT YEAR** *( Fill By Applicant )*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Conference Name |  | | | |
| Role |  | Presenter |  | Participant |
| Place |  | | | |
| Conference Date |  | | | |
| Organize By |  | | | |
|  |  |  | | | |
| 2. | Conference Name |  | | | |
| Role |  | Presenter |  | Participant |
| Role |  | | | |
| Place |  | | | |
| Conference Date |  | | | |
| Organize by |  | | | |

1. Benefits for research :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Benefits for university :

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3. Proposed activities collaboration with organizations (industry / research institutes / universities)

(In accordance with the recommendations of the university to enhance cooperation University - Industry)

a) Organization Name / Industry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Organization Address / Industry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Contact Person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Collaborative Activities : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Letter of intent / email / memo from organizations / industries should be included**

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Head Of Research :

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Grant Stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART E : BENEFITS** *( Fill By Applicant )*

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| --- |
| **PART F : APPROVAL BY RMC DIRECTOR / DEPUTY DIRECTOR** |
| Tick ( ✓ ) in the box :  **Approved**   |  |  |  | | --- | --- | --- | | **Expenses** | **Sources** | | | Registration Fee | RMC Fund | Research Grant | | Travel / Accomodition / Others Expenses | RMC Fund | Research Grant |           **Not Approved**    Comment    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signature and stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |