

UTHM/RMC/BPG/2018/20

***For Office Use Only:***

Ref. No. :

Recv. Date :

**PUSAT PENGURUSAN PENYELIDIKAN (RMC)**

**UNIVERSITI TUN HUSSEIN ONN MALAYSIA**

**BORANG PERMOHONAN UNTUK SEMINAR ANTARABANGSA / PERSIDANGAN**

***APPLICATION FORM FOR INTERNATIONAL SEMINARS / CONFERENCES***

**PROJECT LEADERS**

*(For RMC use only)*

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

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

Admin Assistant

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

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

Approved By:

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

Assistant Registrar

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

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

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

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

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

1. Conferences attended must be related with ongoing research.
2. Application for attending International must be submit to RMC thirty **(30) working days** before conferences start.
3. This application form must be completed in full before submitted RMC
4. Applicant shall submit a report to RMC courses / presentations typed and submitted to RMC and travel claim form.
5. Reporting about attending conference with submitted with travel claim form.
6. Applicants are encourage to present paper for attending conferences/seminars.

**CHECKLIST**

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

Complete application form UTHM/RMC/BGP/2018/016

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)

Form to attend conference and others international activity (LAMPIRAN A)

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 |
| 1.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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**\*\* 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** |
| 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |