



**RESEARCH MANAGEMENT CENTRE
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**APPLICATION FOR ATTENDING LOCAL
SEMINAR / CONFERENCE / WORKSHOP / VISIT / DATA COLLECTION
(USING RESEARCH GRANT)**

CHECK LIST

*Application form must be submitted to Research Management Centre (RMC) **at least 1 month** from the date of seminar/ conference / workshop/ visit /data collection*

No.	Item / Document	Please tick (✓)	
		Applicant	RMC
1.	Complete Application form with signature of applicant		
2.	Letter of acceptance of working paper		
3.	Abstract / Proposal		
4.	Brochure of seminar / conference / workshop / visit and other supporting document		
5.	Updated Financial Statement of research grant		
6.	Verification / Certification from Principal Researcher if applicant is either co-researcher or Research Assistant		
7.	Recommendation by Head of Department / Dean of K/C/D/I		

FOR OFFICE USE

Document Complete / Incomplete

Received by :

Name :

Post :

Date :

PART A – PERSONAL DETAIL OF APPLICANT

- 1. Name: _____
- 2. Academic Title: _____ Kull./Dept.: _____
- 3. Salary Grade: _____ Staff No.: _____
- 4. I/C No / Passport No: _____ Status of appointment: _____

PART B – DETAIL OF SEMINAR / CONFERENCE / WORKSHOP/ VISIT / DATA COLLECTION

- 1. Title : _____

- 2. Date and Duration : _____
- 3. Venue : _____
- 4. Name of Organizer: _____
- 5. Nature of Participation : Paper Presenter / Discussant / Chairperson / Participant
- 6. Title of paper presentation: _____

- 7. Detail of Seminar / Conference / Workshop/ Visit attended in the last **TWO (2) years**

Title of Seminar / Conference / Workshop / Visit	Venue	Date		Source of Sponsorship
		From	To	

- 8. Please specify the reason why you should attend the seminar/ conference / workshop/ visit / data collection

PART C – FINANCIAL IMPLICATION

Detail of financial incurred:

Description	Amount (RM)	Vote	Remarks
i. Registration Fee			
i. Air tickets			
ii. Hotel / Lodging			
iii. Food			
iv. Others			
Total			

PART D – SOURCE OF FINANCIAL SUPPORT

Detail of Research Grant

Project ID : _____

Project Title : _____

PART E – DECLARATION BY APPLICANT

I hereby affirm that all information stated above is correct. The University approval is void if information so provided is false.

Applicant's Signature : Date:

VERIFIED BY:

Principal Researcher : Date:
 Signature

Name :

PART E – RECOMMENDATION

HEAD OF DEPARTMENT

Recommended / Not Recommended

Comment:

Signature : Date:

Name & :
Official Stamp

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DEAN OF KULLIYAH / CENTRE / DIVISON / INSITUTE

Recommended / Not Recommended

Comment:

Signature : Date:

Name & :
Official Stamp

PART F – APPROVAL

RESEARCH MANAGEMENT CENTRE, IIUM

APPROVED / NOT APPROVED

Comment:

Signature : Date:

Name & :
Official Stamp