

Version No. :	03
Revision No. :	10
Effective Date :	21 st April 2017

PART 3: BACKGROUND OF APPLICANT

1. Full Name: _____
2. Title (Professor / Assoc. Prof. / Asst. Prof. / Br. / Sr.): _____
3. Identity Card/Passport No.: _____ 4. Staff No.: _____
5. Nationality: _____ 6. Salary Grade: _____
6. Department: _____ 7. Kulliyah/Centre.: _____
8. Contact No.: (Ext.) _____ (Mobile phone): _____
9. E-mail: _____ Alternative E-mail: _____
10. Date of Termination of Contract (for contract staff): _____

PART 4: PROJECT DETAILS

1. Project Title: _____

2. Start Date: _____ End Date: _____ Duration: _____
3. Total Funding for Project (Number and words): RM _____

4. Total Funding Allocated for IIUM (Number and words): RM _____

5. Funding Agency/Source of Grant (Country): _____
6. Amount of funds allocated to each researcher:

	<u>Amount</u>
i. _____	RM _____
ii. _____	RM _____
iii. _____	RM _____
iv. _____	RM _____
7. Funding Type : i) National-Government ii) National-Private iii) International
8. Research Output: _____
(*Reports, publications, students, 2 minutes video, joint seminar, conference*)

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PART 5: FUNDING AGENCY/COMPANY DETAILS

1. Funding Agency : _____
2. Address: _____

3. Contact Person: _____
4. Telephone No: _____ 5. Fax No.: _____
5. Email: _____ 7. Website: _____

PART 6: COLLABORATOR DETAILS (FOR JOINT PROJECT)

1. Collaborator: _____
2. Address: _____

3. Contact Person: _____
4. Identity Card/Passport No. _____
5. Telephone No: _____ Fax No. _____
6. Email: _____
7. Website: _____

Note: Kindly attach the supporting document (e.g.: Offer Letter / Letter of Approval from Collaborator / Funding Agency). If there are more than 1 collaborators please provide attachment

PART 7: DECLARATION OF APPLICANT

1. I hereby declare that all information given above is true to the best of my knowledge.
2. I promise that I will give priority to my duties and responsibilities while undertaking this project.

Signature & Stamp

Date: -----

Name:

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PART 8: RECOMMENDATIONS

RECOMMENDATION BY HEAD OF DEPARTMENT / DEAN OF KULLIYAH

Recommended

Not Recommended

Comment:

Signature and stamp

Date:

Name:

APPROVAL BY DEPUTY DIRECTOR / DIRECTOR OF RESEARCH MANAGEMENT CENTRE

Approved

Not Approved

Comment:

Signature and stamp

Date:

Name: