

Version No. :	03
Revision No. :	00
Effective Date :	01.01.2020



الجامعة الإسلامية العالمية ماليزيا
 INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
 وَيَسِّرْ لِي سُبُلَ الْإِسْلَامِ أَنْبَارًا بِنِعْمَتِكَ يَا مَلِكُ

RESEARCH MANAGEMENT CENTRE

Tel: +603-61965011/5022/6199/3790 Fax: +603-61964862

REGISTRATION FORM FOR CONTRACT RESEARCH / SPONSORED RESEARCH / JOINT PROJECT/ IIUM RESEARCH ENDOWMENT FUND

PART 1: GRANT TYPE

Contract Research Sponsored Research Joint Project

IIUM Research Endowment Fund [Tick ✓ one (1)]: Main Pool Specific Project

Others

PART 2: DECLARATION AND CHECKLIST OF APPLICANT ON FUND TRANSFER

1. I hereby declare that all information given below is true to the best of my knowledge.

2. Checklist (*compulsory*):

Offer letter is attached herewith

The fund has been deposited into Research Management Centre Account
(Applicable for Contract and Sponsored research only)

Account Details:

Account Name : Research Management Centre, IIUM
 Account No. : 1407-000000971-8
 Bank Name : Bank Muamalat (M) Berhad
 Bank Address : Bank Muamalat (M) Berhad, UIAM Branch, Jalan Gombak,
 53100 Kuala Lumpur
 Swift Code : BMMBMYKL

Research Agreement (*Not Applicable for IIUM REF*)

Research Proposal

 Signature & Official Stamp

 Date

Note: Management Service charge will be Two (2) % for Contract Research and Sponsored Research.

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PART 3: BACKGROUND OF APPLICANT

1. Full Name: _____
2. Title (Prof. / Assoc. Prof. / Asst. Prof. / Br. / Sr.): _____
3. Identity Card/Passport No.: _____ 9. Staff No.: _____
4. Nationality: _____ 10. Salary Grade: _____
5. Department: _____ 11. Kulliyah/Centre.: _____
6. Contact No.: (Ext.) _____ (Mobile phone): _____
7. E-mail: _____ Alternative E-mail: _____
8. 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>Name & Staff ID</u>	<u>Amount</u>
i. _____	RM _____
ii. _____	RM _____
iii. _____	RM _____
iv. _____	RM _____

7. Funding Type: [Tick ✓ one (1)]
 National-Government National-Private International
8. Research Output: _____
 (e.g. 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. Handphone No: _____ 6.Fax No.: _____
5. Email: _____ 7. Website: _____

**PART 6: COLLABORATOR DETAILS
(FOR JOINT PROJECT ONLY)**

1. Collaborator: _____
2. Address: _____

3. Contact Person: _____
4. Identity Card/Passport No. _____
5. Handphone No: _____ 7. Fax No. _____
6. Email: _____ 8. Website: _____

***Note: Kindly attach the ALL the supporting document
e.g.: Offer Letter / Letter of Approval from Collaborator / Funding Agency.***

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 & Official Stamp

Date

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**PART 8: BUDGET ALLOCATION FOR CONTRACT RESEARCH /
SPONSORED RESEARCH / IIUM RESEARCH ENDOWMENT FUND**

Research Title : _____

Project ID : _____

Principal Researcher : _____

Amount Received (RM) : _____

ALLOCATION BUDGET		
Item	Amount (RM)	Justification
a) Vote 11000 - <i>Research Personnel</i>		
Sub-total		
b) Vote 21000 - <i>Travelling Allowance</i>		
Sub-total		
c) Vote 23000 - <i>Communication and Utilities</i>		
Sub-total		

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Item	Amount (RM)	Justification
d) Vote 27000 – <i>Rental</i>		
Sub-total		
e) Vote 27000 – <i>Supplies</i>		
Sub-total		
f) Vote 29000 – <i>Professional services and other services</i>		
Sub-total		
g) Vote 35000 – <i>Equipment</i>		
Sub-total		
TOTAL (a-g)		

Prepared by:

Signature & Official Stamp of the Principal Researcher

Date

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PART 9: RECOMMENDATIONS

RECOMMENDATION BY HEAD OF RESEARCH

Recommended

Not Recommended

Comment:

Signature and Official stamp

Date

APPROVAL BY DEPUTY DIRECTOR / DIRECTOR OF RESEARCH MANAGEMENT CENTRE

Approved

Not Approved

Comment:

Signature and Official stamp

Date