



**PUSAT PENGURUSAN PENYELIDIKAN  
(RMC)**

**UTM/RMC/F/0106  
Pindaan: 2017**

**POST DOCTORAL SCHEME APPLICATION FORM**

**SECTION A**

*(To be completed by the applicant)*

<b>PERSONAL PARTICULARS</b>				
Name (write in BLOCK Letters and <u>UNDERLINE</u> Surname/family name)			Photograph of Applicant	
Permanent address				
Mailing address			Tel (home)	
			Tel (office)	
			HP	
			E-mail	
Date of birth	Age	* Marital Status: Single/Married		
*Sex: Male/Female	Nationality	Religion		
Passport No.	Date	Ethnic group <i>(if applicable)</i>		
	Place of			
	Issue			
<b>ACADEMIC QUALIFICATIONS</b>				
Particulars	Diploma	Bachelor	Master	Doctorate
Name of certificate				
Class/CGPA				
Field				
Year				
Name and place of institution attended				

\* Are you bonded with your sponsor? Yes/No *(Please enclose necessary documents if any)*

English qualification. *(Please enclose result slip)*

TOEFL :

IELTS :

Date of test :

Date of test :

### WORK EXPERIENCE

Duration	Designation	Organization

### PUBLICATIONS

*(journal, books, chapter in book, proceeding and other publications)*

*\*Please include **only** paper " In Press" and "Published"*

Proposed date and duration of appointment.

### APPLICANT'S DECLARATION

I hereby proclaim that all information given as stated above is accurate and true. I understand that any inaccurate or false information or omission of material information will render this application invalid and that, if admitted and awarded Post Doctoral Fellowship on the basis of such information, my candidature can be terminated and I can also be subjected to any penalty in the agreement.

Name :

Signature :

Date :

*Please attach latest Curriculum Vitae, Certified copy of Masters and PhD, Result Slip of TOEFL/IELTS and photocopy if international passport.*

## SECTION B

*(To be completed by the Supervisor)*

<b>SUPERVISOR'S PARTICULARS</b>	
Name	NIRC (new)
Title of position held	*Status of position held: Permanent/Temporary/Contract/ Assignment/Secondment or others (please indicate)
Office address	Tel :  Fax :  E-mail :

Are there any possibilities that you will retire/going for sabbatical leave/be transferred to other places/end your contract within the proposed appointment period of this applicant?

<b>RESEARCH INFORMATION</b>				
<b>COST CENTRE</b>	<b>TITLE PROJECT</b>	<b>PROJECT LEADER</b>	<b>START DATE &amp; END DATE</b>	<b>AMOUNT</b>

Provide the project proposal for Post Doctoral Fellow.

**SENIOR DIRECTOR OF COE /  
DIRECTOR OF HICOE /  
HEAD OF RESEARCH GROUP**

I affirm that all information given is accurate and correct.

Name :

Signature :

Date :

*Please attach Project Proposal and other supporting documents.*

### SECTION C

#### DEAN OF RESEARCH ALLIANCE / DEPUTY DEAN OF FACULTY (RESEARCH & INOVATION)

**SUPPORTED**

**NOT SUPPORTED**

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

\_\_\_\_\_

\_\_\_\_\_

Signature :

Name :

Date :

### SECTION D

#### RMC'S RECOMMENDATION

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

\_\_\_\_\_

\_\_\_\_\_

Signature :

Name :

Date :

### SECTION E

#### APPROVAL BY DEPUTY VICE CHANCELLOR (RESEARCH & INOVATION)

**APPROVED**

**NOT APPROVED**

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

\_\_\_\_\_

\_\_\_\_\_

Signature :

Name :

Date :