



**RESEARCH MANAGEMENT CENTRE
(RMC)**

UTM/RMC/F0097/ (2009)
7th Revision

**ACTIVITY APPLICATION FORM FOR ATTENDING CONFERENCE / MEETING
TRAINING / WORKSHOP/ VISITING / FIELD WORK & DISCUSSION USING RESEARCH GRANT**

☎ 07 – 55 37864

Note : Kindly submit to Research Management Centre at least **14 days for local** and **60 days (E-science grant only)** and **28 days (others grant)** for overseas from the date of the event. Please fill Section 1 to 5 and tick in the appropriate box

1. APPLICANT'S PERSONAL PARTICULARS <small>(Note: Prior Public Disclosure Approval is compulsory for all forms of presentation in Conference/ Seminar/ Symposium)</small>																				
Name (with designation)																				
Category	<input type="checkbox"/>	UTM Permanent Staff	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Contract Personnel	<input type="checkbox"/>	RO	<input type="checkbox"/>	RA	<input type="checkbox"/>	ARO	RSG	<input type="checkbox"/>	Master Student PhD Student	SPB	<input type="checkbox"/>	Master Student PhD Student	<input type="checkbox"/>	Others
NRIC / Passport No.							Staff / Temporary & Contract Staff / Student Metric No.													
Office Telephone No.							Office Fax No.													
Hand phone No.							E-mail Address													
Faculty							Nationality													
Research Alliance	<input type="checkbox"/>	SUSTAINABILITY	<input type="checkbox"/>	WATER	<input type="checkbox"/>	BIOTECH	<input type="checkbox"/>	MATERIAL & MANUFACTURING	<input type="checkbox"/>	TRANSPORTATION	<input type="checkbox"/>	ENERGY								
	<input type="checkbox"/>	INFOCOMM	<input type="checkbox"/>	CYBERNETICS	<input type="checkbox"/>	CONSTRUCTION	<input type="checkbox"/>	K-ECONOMY	<input type="checkbox"/>	NANOTECHNOLOGY	<input type="checkbox"/>									
2. TYPE OF PROGRAMMES																				
Type of programme	Conference				Training				Seminar				Workshop / Visiting / Discussion / Meeting / Field work / Others							
	<input type="checkbox"/>	National	<input type="checkbox"/>	International	<input type="checkbox"/>	Local	<input type="checkbox"/>	Overseas	<input type="checkbox"/>	Local	<input type="checkbox"/>	Overseas	<input type="checkbox"/>	Local	<input type="checkbox"/>	Overseas				
Name of programme																				
Date of programme												Venue								
CONFERENCE & JOURNAL PARTICULARS <small>(Note : For conference's purpose, all items are compulsory. For journal publication, only item remarked * are required)</small>																				
Title of Paper *																				
Conference / Journal Status *	<input type="checkbox"/>	Refereed	<input type="checkbox"/>	Non-refereed																
Type of Indexed *	<input type="checkbox"/>	ISI	<input type="checkbox"/>	SCOPUS	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>	Non-indexed												
Principal Author *																				
Co-Author (s) *																				
Type of Paper	<input type="checkbox"/>	Keynote Paper	<input type="checkbox"/>	Invited Paper	<input type="checkbox"/>	Full Paper	<input type="checkbox"/>	Participant												
Type of Presentation	<input type="checkbox"/>	Oral	<input type="checkbox"/>	Poster																
Name of Organizer / Publisher *																				
<i>Note : If application is not approved, applicant is allowed to appeal within 3 days AFTER receiving notification from RMC</i>																				
3. PROJECT PARTICULARS & SPONSORSHIP REQUIREMENT																				
Project Title																				
Vote No.						Sub-Project No.														
Type of Grant	<input type="checkbox"/>	GUP (Fast Lane)	<input type="checkbox"/>	SCIENCE FUND / TECHNO FUND / NANOFUND	<input type="checkbox"/>	INSTITUTIONAL / FAVF / NEW STAFF WITH PHD	<input type="checkbox"/>	FRGS/LRGS/ ERGS/PRGS	<input type="checkbox"/>	CONTRACT RESEARCH	<input type="checkbox"/>	OTHERS								
Balance of budget under V21000 as at						RM														
Total Balance as at						RM														
Total Sponsorship Required						RM						<i>Section 3a For RMC purpose only</i>								
• Registration Fee																				
• Accommodation						RM														
• Meal Reimbursement						RM														
• Flight						RM														
• Others (Please specify)						RM														
TOTAL						RM														

I have duly completed this form and attached the following supporting documents					
No	Item (please tick where appropriate)				
(i)	Conference/ Training / Seminar / Workshop Brochure (info on date, venue, conference programme / course contents, registration fees)				<input type="checkbox"/>
(ii)	Letter of Acceptance from Conference Organizer				<input type="checkbox"/>
(iii)	Full Paper to be presented (acknowledgement to Funder, Vot No & UTM)				<input type="checkbox"/>
No	Additional documents for overseas travel				
iv)	Recommendation by Dean Research Alliance (refer No.5)				<input type="checkbox"/>
(v)	List of publication in journal for the last 2 years including current year with proof journal indexing in Web of Science/ISI & SCOPUS – high impact journal only (please specify) <i>Format : Authors, title of papers, name of journals, volume and page</i>				<input type="checkbox"/>
(vi)	E-Boarding Form A / E-Boarding Borang A (with recommendation by HOD/Dean of Faculty / Director)				<input type="checkbox"/>
(vii)	Paper work, letter of invitation and *slide presentation if attending Seminar / Training / Workshop / Field work / * Visiting / * Discussion / * Meeting				<input type="checkbox"/>
(Viii)	Updated Financial statement				<input type="checkbox"/>
I hereby declare that the particulars in this application are true to the best of my knowledge and belief					
Signature of Applicant				Date :	
4. RECOMMENDATION BY PROJECT LEADER					
<i>(Project Leader to fill in if the applicant is a member of or RO/ ARO/RA/ RSG /SPB employed under the project - please ensure funding agency allows members /RO /ARO /RA /RSG/SPB to attend overseas conference/training/seminar)</i>					
Name		<input type="checkbox"/>	Recommended	Signature :	
Designation		<input type="checkbox"/>	Not Recommended	Date :	
Remarks					
FOR OVERSEAS TRAVEL					
5. RECOMMENDATION BY DEAN OF RESEARCH ALLIANCE					
Name		<input type="checkbox"/>	Recommended	Signature :	
Designation		<input type="checkbox"/>	Not Recommended	Date :	
Remarks					
6. RECOMMENDATION BY DEPUTY DIRECTOR OF RMC (RESEARCH PUBLICATION)					
Type of Indexed	<input type="checkbox"/> ISI	<input type="checkbox"/> SCOPUS	<input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Non-indexed	
Journals Publication	Numbers of paper in indexed journals <i>(for the past 2 years including current year)</i>			<input type="checkbox"/>	No
	Numbers of paper in non-indexed journals <i>(for the past 2 years including current year)</i>			<input type="checkbox"/>	No
Name		<input type="checkbox"/>	Recommended	Signature :	
Designation		<input type="checkbox"/>	Not Recommended	Date :	
Remarks					
7. APPROVAL / RECOMMENDATION BY DIRECTOR OF RMC					
Fund Availability	<input type="checkbox"/> Yes, recommend the sponsorship according to Section 3a			<input type="checkbox"/> No	
Name		<input type="checkbox"/>	Approved/Recommended	Signature :	
Designation		<input type="checkbox"/>	Not Approved/Not Recommended	Date :	
Remarks					