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APPLICATION FORM
(Please fill in two copies)
THE POST-DOCTORAL SCHEME
UNIVERSITI MALAYSIA PAHANG

SECTION A

PERSONAL PARTICULARS				
Name (write in BLOCK LETTERS)				
Permanent address:		Tel.:		
		H/P:		
Mailing address:		E-mail:		
		Fax:		
Date of birth:	Age:	Religion:		
*Sex: Male / Female	Citizenship:	Race:		
NRIC/Passport no.:		*Marital status: Single / Married		
ACADEMIC QUALIFICATIONS (Please enclose scroll and academic transcripts)				
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 indicate and enclose documentary evidence if any)				

English qualification (only for non Malaysian). Please enclose documentary evidence.

TOEFL:

IELTS:

Date and duration (months) if appointment requested

Amount of allowance requested (Malaysian Ringgit)

APPLICATION'S DECLARATION

I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information or omission of material information will render this application invalid and that, if admitted and awarded a Post-Doctoral Scholarship on the basis of such information, my candidature can be terminated and I can also be subject to any penalty in the agreement.

Name:

Signature:

Research Project Signature (if applicable):

Date:

Date:

SECTION B

SUPERVISOR'S PARTICULARS (to be completed where applicable)	
Name:	NRIC (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 / go for sabbatical leave / be transferred to other places / end your contract within your supervision period to this applicant?	
RESEARCH INFORMATION	
Grant title and name of agency / institution of awardee	Name of programme head or project leader and the institution where the grant is being paid to
Names of other project members and their respective institutions	
Date of grant approval	Total amount of grant (Malaysian Ringgit)
Type of research (please (√) in the right box)	Research grant number
Experimental applied research <input type="checkbox"/> Prioritised research <input type="checkbox"/> Strategic research <input type="checkbox"/>	Field of research

Project title (main research project)

Please indicate the number of graduate students (post-doctoral / master / doctorate) who are under your supervision. How many of them are NSF? if any?

Please list out the research plan that the applicant will be attached to (please use extra sheets if the space here is insufficient)

DECLARATION

I affirm that all statements made by me on this form are correct.

Signature:

Date:

Official stamping of name and occupation:

SECTION C

For office use only

i. Dean's comment: _____

Signature: _____ Date: _____
(Dean, School of)

ii. Graduate School Dean's Comment: _____

Signature: _____ Date: _____
(Dean, Institute of Graduate Studies)

iii. Financial Implication: _____

Signature: _____ Date: _____
(Officer In-charge of Academic Staff Recruitment)

iv. Vice-Chancellor's Approval : _____

Suggestion of appointment of post-doctoral fellow is *approved / rejected:

Signature: _____ Date: _____
(Vice-Chancellor)

**choose whichever applicable*