

***For Office Use Only :***

Ref. No. :

Recv. Date :

UTHM/ORICC/R&D/016/2014. Pind.3

**RESEARCH AND DEVELOPMENT CENTER (R&D)**

**OFFICE FOR RESEARCH, INNOVATION, COMMERCIALIZATION, CONSULTANCY MANAGEMENT (ORICC)**

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| **APPLICATION FORM FOR INTERNATIONAL SEMINARS / CONFERENCES** |

**PROJECT LEADERS**

*(For ORICC use only)*

|  |  |  |
| --- | --- | --- |
| Budget Information | Vot | Balance |
| International | Vot21 |  |
| Vot29 |  |
| Center’s Budget |  | |
| Estimation Of Budget | | |
| Fee’s |  | |
| Other’s expenses |  | |

Checked By : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admin Assistant

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Registrar

Type Of Grant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Leader : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty / Center : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vot No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Duration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Conferences attended must be related with ongoing research.
2. Application for attending International must be submit to ORICC 1 **(One) Month** before conferences start.
3. This application form must be completed in full before submitted ORICC
4. Applicant shall submit a report to ORICC courses / presentations typed and submitted to ORICC and travel claim form.
5. Reporting about attending conference with submitted with travel claim form.
6. Applicants are encourage to present paper for attending conferences/seminars.

**CHECKLIST**

**Please (/) in the appropriate column**

Complete application form UTHM/ORICC/R&D/016/2014

Proceeding paper ***“Acknowledgement”*** must fill in the paper proceeding

Brochure of conference with index information **(SCOPUS, ISI THOMSON FACTORS, ETC)**

Information for fees payment / Original Invoice

Flight ticket application form (if needed)

Form to attend conference and others international activity (LAMPIRAN A)

Staff travel form (UTHM.PP/BPP-10/2007) & Form use own transport (BEN/UPY/006/2006-Pin.1)

Prove of acceptance letter by organizer for presenter only

Letter of Appointment (students only)

Phone No. (Office) Handphone No.

**PART A: APPLICANT DETAIL** *( Fill By Applicant )*

Staff No. / Matric I/C Number

Name

Position / Grade

Faculty / Center

Research Title

Title of Proceedings

Paper

Start date Until

Days

**PART B : CONFERENCE DETAILS** *( Fill By Applicant )*

Conference Name

Place

Country

Organizer

Organizer Address

Deadline for Receipt of Entries by Organizers

|  |  |
| --- | --- |
| Payment Methods | Invoice Telegraphic Transfer |
| Beneficiary Name |  |
| Beneficiary Address |  |
| Bank Name |  |
| Bank Address |  |
| Account Number |  |
| Swift Code |  |

|  |
| --- |
| **PART C : EXPENSES ESTIMATION** *(Fill By Applicant)*  \*please check at **Lampiran B** |
| Will paid by applicant  Will paid by University  i) Registration Fee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii) Flight Ticket : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii) Travel Expenses : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iv) Hotel /day : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v) Meal /day : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  vi) Others : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL** :  **\*\* Applicants should take into account the costs associated with organizational collaboration activity**  **( industry/ Research Institutes/ universities)** |

**PART D : CONFERENCES ATTENDED FOR CURRENT YEAR** *( Fill By Applicant )*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Conference Name |  | | | |
| Role |  | Presenter |  | Participant |
| Place |  | | | |
| Conference Date |  | | | |
| Organize By |  | | | |
|  |  |  | | | |
| 2. | Conference Name |  | | | |
| Role |  | Presenter |  | Participant |
| Role |  | | | |
| Place |  | | | |
| Conference Date |  | | | |
| Organize by |  | | | |

1. Benefits for research :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Benefits for university :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Proposed activities collaboration with organizations (industry / research institutes / universities)

(In accordance with the recommendations of the university to enhance cooperation University - Industry)

a) Organization Name / Industry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Organization Address / Industry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Contact Person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Collaborative Activities : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Letter of intent / email / memo from organizations / industries should be included**

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Head Of Research :

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Grant Stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART E : BENEFITS** *( Fill By Applicant )*

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| **PART F :**  **REMARKS BY THE DEPUTY DEAN / HEAD OF DEPARTMENT (R & D) FACULTY** |
| Tick ( ✓ ) at correc t box :  1. Paper presented appropriate to the field of research :  Yes  No  2. Level conference organizer based authentication:  *(Circle the number on the scale below)*  **1 2 3 4 5**      Very low low average high very high    Comments  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signature and stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART G :**  **SUPPORT BY DEAN / DIRECTOR FACULTY** |
| Tick ( ✓ ) in the box :  Recommended  Not Recommended    **Comment**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature and stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART H : APPROVAL BY ORICC DEAN (R & D)** |
| Tick ( ✓ ) in the box :  **Approved**   |  |  |  | | --- | --- | --- | | **Expenses** | **Sources** | | | Registration Fee | ORICC Fund | Research Grant | | Travel / Accomodition / Others Expenses | ORICC Fund | Research Grant |           **Not Approved**    Comment    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signature and stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Pers. UPS/PP

**BORANG PENYERAHAN KERTAS KERJA, LAPORAN DAN PENERBITAN-PENERBITAN KEPADA PERPUSTAKAAN UTHM.**

1. **Maklumat peserta.**

1. Nama :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Fakulti/Jabatan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Tajuk Seminar/Kursus/Bengkel/Persidangan/Simposium :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Tajuk bahan yang diperolehi :**

i.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iii.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Tarikh Seminar/Kursus/Bengkel/Persidangan/Simposium :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Tempat :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

……………………………

Tandatangan dan tarikh.

1. **Pengesahan Perpustakaan.**

Adalah dengan ini disahkan bahawa ……………………………………………………………

telah menyerahkan kertas kerja, laporan dan penerbitan-penerbitan yang telah dihadiri kepada Perpustakaan UTHM.

…………………………..

Tandatangan

Nama Pegawai dan cop rasmi.

\* Tuntutan perjalanan tidak disahkan sekiranya borang ini tidak diserahkan kepada Unit Perolehan, Perpustakaan UTHM.

**LAMPIRAN A - ORICC**

**Menghadiri Persidangan, Seminar Dan Lawatan   
Rasmi Ke Luar Negeri**

1. Nama Persidangan/Seminar/Lawatan Rasmi/Kursus: …………………………….................

………………………………………………………………………………………………………..

1. Tujuan:……………………………………………………………………………..........................
2. Tempat hendak diadakan:…………………………………………………………………………
3. Tempoh:……………………………………………………………………………………………
4. (i) Bilangan Peserta dan Nama …………………………………………….….................

Ketua, jika bilangannya ..……………………………………………......................

Lebih daripada seorang ….…………………………………………….................

1. Keterangan-keterangan Peserta :

**Nama** **Pangkat**

…………………………………… …………………………………….

…………………………………… …………………………………….

…………………………………… …………………………………….

1. Sebutkan sama ada pegawai-pegawai …………………………………...

Kedutaan Malaysia di negeri tempat ………………………………….....

Persidangan/seminar lawatan rasmi ………………………………….....

Itu diadakan akan menyertai persidangan ……………………………….........

Itu. Sekiranya menyertai, nyatakan …………………………….…........

Mengapa kehadiran pegawai-pegawai ……………………….………........

Daripada negeri itu diperlukan: ………………………….…………

1. Kerap Persidangan/Seminar/Lawatan Rasmi : ……………………………………..

…………………………………….

1. Perbelanjaan ditanggung oleh : …………………………………………………………………. ..

…………………………………………………………………………………………………………..

1. Faedahnya kepada negara : ………………………………………………………………………..

……………………………………………………………………………………………………….…

…………………….……………………………………………………………………………………..

1. Kelulusan Kementerian Dalam …………………………………………………………………..

Negeri dan Kementerian Luar ……………………………………………………………………

(Jika Persidangan/Seminar/Lawatan Rasmi itu diadakan di negara Israel)

1. Saya mengesahkan bahawa maklumat-maklumat di atas adalah benar.

Tarikh : ………………………. …...…………………………………….

Tandatangan

(Nama Pegawai :………...…………………)

(Jawatan : ………………………………….)

1. Ulasan Timbalan Naib Canselor (Penyelidikan & Inovasi) : ………………..................………………………....…………………………………………………………………………………………....……………...……………………………………………………………………………………………………………………………………………………………………………………..

Tarikh : ……………………… ……………………………….......

Tandatangan Tim. Naib Canselor

(Penyelidikan & Inovasi)

1. Ulasan Pegawai Pengawal : ……………………………………………………….....................

………………………………………………………………………………………………………...……………………………………………………………………………………………………….

Tarikh : ……………………… ……………………………….......

Tandatangan Pegawai Pengawal

Berapa kali pegawai tersebut di perenggan e(ii) telah menghadiri Persidangan/Seminar/Lawatan Rasmi di Luar Negeri :

1. Tahun ini ( ) ………………………… kali
   1. Tujuan : …………………………………………………………………….

Tempat : ……………………………………………………………………

Tempoh : …………………………………………………………………...

* 1. Tujuan : …………………………………………………………………….

Tempat : ……………………………………………………………………

Tempoh : …………………………………………………………………...

1. 1 tahun sebelum ( ) ………………………… kali
   1. Tujuan : …………………………………………………………………….

Tempat : ……………………………………………………………………

Tempoh : …………………………………………………………………...

* 1. Tujuan : …………………………………………………………………….

Tempat : ……………………………………………………………………

Tempoh:…………………………………………………………………..

1. 2 tahun sebelum ( ) ……………………………… kali
   1. Tujuan : …………………………………………………………………….

Tempat : ……………………………………………………………………

Tempoh : …………………………………………………………………...

* 1. Tujuan : …………………………………………………………………….

Tempat : ……………………………………………………………………

Tempoh : …………………………………………………………………...