Version No. :	01
Revision No.:	00
Effective Date :	01.10.2022

Project ID:		
roject ib.		



RESEARCH MANAGEMENT CENTRE

Tel: +603-64215019/6199/3790 Fax: +603-64214862

REGISTRATION FORM FOR SPONSORED RESEARCH WITHOUT FUND DISBURSEMENT
PART 1: GRANT TYPE
Kindly tick [✓]
☐ Sponsored Research (fund in the form of in-kind) ☐ Sponsored Research (fund managed by funder)
PART 2: DECLARATION AND CHECKLIST OF APPLICANT ON FUND TRANSFER
I hereby declare that all information given below is true to the best of my knowledge. Applicant Name (Staff ID):
2. Checklist (Compulsory and tick √ if the document is complete, RMC shall has the right to return the incomplete form):
Offer letter is attached herewith
Research Agreement (If any)
Research Proposal
Permission to announce to IIUM Community Yes No If no, please state reason:
Funding Type: [Tick \(\sigma \) one (1)] National-Government National-Private International
Type of research: [Tick ✓ one (1)] Social Sciences & Arts & Humanities (Non S&T) Science and Technology (S&T)
Notes: The researcher will not be considered as a Principal Investigator by the definition of Malaysia Research Assessment I (MyRA I)
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. Kulliyyah/Centre.: _____

6. Contact No.: (Ext.) _____ (Mobile phone): ____

Version No.:	01
Revision No.:	00
Effective Date :	01.10.2022

7. E-mai	l:		Alterna	tive E-ma	ail:		
8. Date o	of Terminatio	n of Contract (for	contract staff):				
		Р	ART 4: PROJECT	T DETAI	LS		
1. Pr	oject Title:						
2. Sta	art Date:		End Date:		C	Ouration:	
			er and words): RM of in-kind, state t		etary valu	e)	
			(Number and word of in-kind, state to			e)	
5. Fu	ınding Agenc	y/Source of Grant	(Country):				
(Pi	lease email pl	searcher(s), if any noto (J-PEG) of the ncement, if no pho	/: e co-researcher(s) t to provided, photo	to <u>granta</u> from the	oplication@ IIUM Staff	<mark>⊉iium.edu.my</mark> if yo Directory will be u	ou tick (Yes) for used for this
	Name		Staff ID		Kı	ılliyyah	Amount (RM)
(PI	lease email pl		antapplication@iiui			<u> </u>	,
Nan	ne	IC/Passport	Agency	E	mail	Tel No:	Amount (RM)
	•	ut: ications, students, 2 n	ninutes' video, joint se	minar, con	ference)		
		PART 5: F	UNDING AGENCY	Y/COMP	ANY DET	AILS	
1. Fu	ındina Agenc	ν.					
2. Ad	iuress:						

Version No. :	01
Revision No. :	00
Effective Date :	01.10.2022

3. Contact Person:	
4. Handphone No:	6.Fax No.:
5. Email:	7. Website:
PART (6: DECLARATION OF APPLICANT
1. I hereby declare that all informa	ation given above is true to the best of my knowledge.
2. I promise that I will give priority project	y to my duties and responsibilities while undertaking this
Signature and Off	ficial Stamp Date
S	
P	ART 7: RECOMMENDATIONS
ргоомм	ENDATION BY LIFAD OF DEGEAROU
RECOMM	ENDATION BY HEAD OF RESEARCH
Recommended	Not Recommended
Recommended Comment:	Not Recommended
	Not Recommended
	Not Recommended
Comment: Signature and Official star	
Comment: Signature and Official star	mp Date
Comment: Signature and Official star	mp Date TOR / DIRECTOR OF RESEARCH MANAGEMENT CENTRE
Comment: Signature and Official star APPROVAL BY DEPUTY DIREC Approved	mp Date TOR / DIRECTOR OF RESEARCH MANAGEMENT CENTRE