KULLIYYAH OF MEDICINE
International Islamic University Malaysia

APPLICATION TO ATTEND CONFERENCE / SEMINAR / WORKSHOP / MEETING

PERSONNEL DETAIL

Name: ....

Staff No: .... Position: ....

Department: ....

APPLICATION DETAILS

Type of Meeting: ☐ Conference ☐ Seminar ☐ Workshop ☐ Meeting
☐ Others. Please specify: ....

Title of Meeting: ....

Date from: .... To: .... Duration: ....

Venue: ....

Organised by: ....

Financial: ☐ Sponsored by organiser. ☐ Self sponsored. ☐ Using trust fund Kulliyyah/Department.

☐ Required University sponsorship (will require approval at University level)

If require University sponsorship, kindly fill in the followings:

☐ Fees RM .... ☐ Food RM ....
☐ Traveling RM .... ☐ Accommodation RM ....
Total **RM** ....

Signature:

Date:

Name/
Official Stamp:

RECOMMENDATION BY THE HEAD OF DEPARTMENT

The above application is: ☐ Recommended ☐ Not recommended

Comment (if any): ....
....
....

Signature:

Date:

Name/
Official Stamp:

APPROVAL BY THE DEAN OF KULLIYYAH

The above application is: ☐ Approved ☐ Not approved ☐ To be forwarded for University approval

Comment (if any): ....
....
....

Signature:

Date:

Name/
Official Stamp: