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| **images** | UNIVERSITI TEKNIKAL MALAYSIA MELAKA  **CENTRE FOR RESEARCH AND INNOVATION MANAGEMENT** |
| **PERMOHONAN SEBAGAI KHIDMAT PERUNDING PENYELIDIKAN**  ***(APPLICATION FOR RESEARCH CONSULTANCY SERVICE)*** |

**BAHAGIAN A MAKLUMAT PEMOHON (DIISI OLEH PERUNDING)**

***(SECTION A)*  *(APPLICANT INFORMATION) (TO BE COMPLETED BY CONSULTANT)***

Nama : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name)*

Tarikh Lahir : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Umur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Date of Birth)* (*Age*)

No. Kad Pengenalan (Baru):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kewarganegaraan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I.C. No (New) (Nationality)*

Alamat Pejabat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Office Address)*

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No. Telefon: Pejabat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telefon Bimbit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Contact No.Office) (Handphone)*

Sijil Kelayakan Tertinggi *(Highest Qualification Certificates)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pengalaman Berkaitan Khidmat Yang Diberi *(Experience on the service offered)*:

*(Sertakan dalam appendix jika ruang tidak mencukupi)*

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Tempoh Pengalaman *(Duration of experience in the related field): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bulan / tahun (mth/year).*

Sila kepilkan kad nama / perniagaan dan sijil kelayakan tertinggi yang telah disahkan

*(Please attach the name/ business card and highest qualification certificates with certified true copy)*

**PERAKUAN PERUNDING *(CONSULTANT ADMISSION)***

Saya mengaku bahawa segala maklumat yang diberikan adalah benar. Saya akan bertanggungjawab dalam melaksanakan tugas sepertimana yang dikehendaki oleh ketua projek.

*(I certify that the information given in this application is true to the best of my knowledge. I will fully responsible in completing the task given).*

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

Tandatangan & Cop Rasmi Tarikh

*(Signature & Official Stamp) (Date)*

**BAHAGIAN B MAKLUMAT PROJEK PENYELIDIKAN (DIISI OLEH KETUA PROJEK)**

***(SECTION B) (PROJECT RESEARCH INFORMATION) (TO BE COMPLETED BY***

***PRINCIPLE RESEARCHER)***

Nama Ketua Projek : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Project Leader)*

Tajuk Projek *(Project Title)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. Rujukan Projek : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Project Ref. No.)*

Jumlah VOT 29000 (Perunding dan Khidmat Profesional) yang telah diluluskan: RM \_\_\_\_\_\_\_\_\_\_

(*Allocation of Vot 29000 (Consultant and Professional service)*

Tempoh Projek Penyelidikan : Dari *(From)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hingga *(To)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Research Project Duration)*

Tempoh Khidmat Perundingan: Dari *(From)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hingga *(To)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Comitted Service Duration)*

Cadangan Pembayaran: RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Proposed Payment)*

Justifikasi keatas Permohonan dan bayaran *(Application Justification)*:

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

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**Ketua Projek diwajibkan menyertakan Model Kajian berkaitan penyelidikan ini dalam kertas lampiran untuk justifikasi.**

*(Please attach herewith the Frame Work related to this research for justification)*

Tandatangan Ketua Penyelidik & Cop Rasmi : Tarikh : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature & Official Stamp) (Date)*

**PERINGATAN** *(REMINDER)***:**

Borang permohonan yang lengkap hendaklah dikemukakan ke CRIM sekurang-kurangnya 3 minggu sebelum tarikh lantikan.

(*Application form must be submitted to CRIM at least 3 weeks before the appoint date).*

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| **KELULUSAN OLEH PENGARAH/TIMBALAN PENGARAH, CRIM**  *(Approval by Director/Deputy Director of CRIM )* |
| **Lulus Tidak Lulus**  *(Approved) (Rejected)*  **Ulasan (merujuk kepada proposal/bajet/kelayakan/keperluan):**  *(Comment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh** *(Date)*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tandatangan & Cop Rasmi**  *(Signature & Official Stamp)* |

\*Sila tandakan (√) pada kotak yang berkenaan.

*\*Please tick (√) in appropriate box.*