

**PUBLICATION INCENTIVE FORM
POST DOCTORAL SCHEME (PUBLICATION)**

A. DETAILS OF APPLICANT

Name :	Mobile No. :
IC No./ Passport No. :	Appointment Date :
Nationality :	Supervisor Name :
Current Address :	

B. TYPE OF SCHEME

Please tick (/) the type of publication incentive for :

INDEX	QUARTILE	AMOUNT (RM)	(/)
WOS	Q1	2,500.00	
(JCR)	Q2	1,500.00	

C. PUBLICATION DETAILS

Indexed Journal

Title of Article : _____

Name of Journal : _____

Publisher : _____

ISSN/EISSN : _____

Publication Year : _____

Indexed By : *Web of Science (WoS)* IF (Impact Factor) : _____ Quartile : _____

**D. DETAIL ACCOUNT
(INTERNATIONAL APPLICANT ONLY)**

ACCOUNT NUMBER	
BANK NAME	
BENEFICIARY BANK	
BANK ADDRESS	
SWIFT	
IBAN	

Please check or attach the followings:

1. Copy of Passport/ Copy of IC
2. Bank Statement
3. Attachment of Off-Print Journal
4. Appointment Letter
