

UMK/B01.08/03/2021	Tarikh Kuatkuasa : 12 Ogos 2021
	1 4111111 11441114434 . 12 0403 202 1

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 public	ation incentive for :			
INDEX QUAR	TILE AMOUNT (RM)	(/)		
WOS Q	1 2,500.00			
(JCR) Q	2 1,500.00			
Name of Journal :				
(INTERNATIONAL APPLICANT ONLY)	BANK NAME BENEFICIARY BANK			
	BANK ADDRESS			
	SWIFT			
	IBAN			

	-	
E. DECLARATION BY APPLICANT	F. DECLARATION FROM SUPERVISOR	
I, hereby declared that all information given here in is true. I have also enclosed the supporting documents for reference.	Recommended Not Recommended	
	Signature & Official Stamp Date	
Signature Date	Remarks :	
G. ENDORSEMENT FROM PRD	H. COMMENT FROM THE SENIOR DIRECTOR OF RESEARCH AND INNOVATION MANAGEMENT CENTRE (RIMC)/ DIRECTOR OF PUBLICATION AND RATING DIVISION	
Tick / Where Applicable WoS:	Approved : Not Approved :	
QUARTILE (I)		
Q1 Q2	Approved Total :	
Verified and recommended :	Vot :	
Verified and not recommended :	Signature & Official Stamp Date	
Remarks :		
Signature & Official Stamp Date		

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	