

APPLICATION FORM POST DOCTORAL FELLOW APPOINTMENT UNIVERSITI SAINS MALAYSIA Affix recent photograph

## SECTION A

PERSONAL PARTICULARS						
Name (write in BLOCK LETTERS)						
Permanent address:				Tel.:		
Mailing address:				Mobile Phone: E-mail:		
Date of birth:		Age:		Fax:		
*Marital status: Single/Married		Citizenship:				
NRIC/Passport no.:						
ACADEMIC QUALIFICATIONS (Please enclose scroll and academic transcripts)						
Particulars	Diploma	Bachelor	Ма	aster	Doctorate	
Name of certificate						
Class/CGPA						
Field						
Year						
Name and place of Institution attended						
*Are you bonded with your sponsor? Yes/No (Please indicate and enclose documentary evidence if any)						

English qualification (only for non Malaysian). Please enclose documentary evidence					
TOEFL:					
IELTS:					
Expected date of commencement	Duration of appointment				
APPLICATION'S DECLARATION					
I affirm that all statements made by me on this form and all my accompanying documents including my CV are correct. I understand that any inaccurate or false information or omission of material information will render this application invalid and that, if admitted and awarded a Post Doctoral Fellow Appointment on the basis of such information, my appointment can be terminated.					
Name:					
Signature:					
Date:					

## **SECTION B**

RESEARCH PROJECT COORDINATOR'S PARTICULARS (to be completed where applicable)				
Name:	NRIC (new)/Passport no.:			
Title (Prof/Assoc. Prof.):	*Status of position held: Permanent / Contract or others (please indicate)			
Office address:	Tel.:			
	Mobile Phone:			
	Fax:			
	E-mail:			
Is there any possibility that you will retire / be on sabbatical leave / end your contract within your supervision period to this applicant?				
RESEARCH	INFORMATION			
Grant title/proposal:				
Name of granting agency / institution (if applicable):	Source of funding for post-doctoral emolument (e.g. USM, MOSTI, IDB, research grant):			
	Research grant account number (if applicable):			
Names of other project members and their respective institutions				
Date of grant approval (if applicable)	Total amount of grant (Malaysian Ringgit) (if applicable)			
Field of research				

Title of research proposal (for research project coordinator without a research grant):

Please attach the research plan

Please indicate the number of post doctoral fellow and graduate students (Master / Doctorate) who are under your supervision.

## DECLARATION

I declare that all the above statements are correct.

Signature:

Date:

Name:

NRIC / Passport no.: