

**POST DOCTORAL FELLOW OUTPUT REPORT / REAPPOINTMENT**

**(TO BE SUBMITTED 3 MONTHS BEFORE EXPIRY DATE)**

|  |  |  |
| --- | --- | --- |
| **PLEASE TICK (/) WHICHEVER APPLICABLE** | | |
| 1. **OUTPUT REPORT**   **(**Please fill up Section A) |  | 1. **OUTPUT REPORT**   **AND REQUEST FOR REAPPOINTMENT**  (Please fill up Section A & B) | |  |

**NAME OF SUPERVISOR :**

**NAME OF POST DOCTORAL FELLOW :**

**PROJECT TITLE :**

**DATE OF FIRST APPOINTMENT :**

**DATE OF SECOND APPOINTMENT :**

**SCHOOL/CENTRE :**

**SECTION A**

1. List of publications in citations-indexed journal (*ISI Web of Science/Scopus*).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Publication**  **(author, title, journal, year, volume, pages)** | **First Author**  (Tick (√) | **Corresponding**  **Author**  (Tick (√) | **Web of Science (WoS)**  (Tick (√) | **Scopus**  (Tick (√) | **Journal Quartile**  (JCR and not SJR)  (Tick (√) | | **Proof\***  (Tick (√) |
| **Q1** | **Q2** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |

2. List of publications in non citations-indexed journal.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Publication**  **(author, title, journal, year, volume, pages)** | **First Author**  (Tick (√) | **Corresponding**  **Author**  (Tick (√) | **Web of Science (WoS)**  (Tick (√) | **Scopus**  (Tick (√) | **Journal Quartile**  (JCR and not SJR)  (Tick (√) | | **Proof\***  (Tick (√) |
| **Q1** | **Q2** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |

3. List of publications submitted / under review

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Publication**  **(author, title, journal, year, volume, pages)** | **First Author**  (Tick (√) | **Corresponding**  **Author**  (Tick (√) | **Web of Science (WoS)**  (Tick (√) | **Scopus**  (Tick (√) | **Journal Quartile**  (JCR and not SJR)  (Tick (√) | | **Proof\***  (Tick (√) |
| **Q1** | **Q2** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |

4. Other publications (e.g. books, chapter in books, proceedings, etc.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Publication**  **(author, title, journal, year, volume, pages)** | **First Author**  (Tick (√) | **Corresponding**  **Author**  (Tick (√) | **Web of Science (WoS)**  (Tick (√) | **Scopus**  (Tick (√) | **Journal Quartile**  (JCR and not SJR)  (Tick (√) | | **Proof\***  (Tick (√) |
| **Q1** | **Q2** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |

5. Other research outputs (e.g. products, patent, networking, etc.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Publication**  **(author, title, journal, year, volume, pages)** | **First Author**  (Tick (√) | **Corresponding**  **Author**  (Tick (√) | **Web of Science (WoS)**  (Tick (√) | **Scopus**  (Tick (√) | **Journal Quartile**  (JCR and not SJR)  (Tick (√) | | **Proof\***  (Tick (√) |
| **Q1** | **Q2** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |

**Note: Please provide proof of journal quartile (JCR and not SJR) together with publication evidence**.

Supervisor’s comment on Output Report:

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| Post Doctoral Fellow’s overall rating for the following: | | | | | | |
| (a) Diligence |  | | (b) Attendance |  | |  |
|  | | | | | | |
| (c) Interest |  | | (d) Work Quality and Efficiency |  | |  |
|  | | | | | | |
| (e) English Proficiency: | |  | | |  | |
|  | | | | | | |
| (i) Written |  | | (ii) Oral |  | |  |
|  | | | | | | |
| (f) Ability to work |  | | (g) Overall Performance |  | |  |
| Independently | | |  | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A Excellent** | **B Very Good** | | **C Good** | | **D Satisfactory** |
| **E Average** | | **F Unsatisfactory** | | **G Poor** | |

**REQUEST FOR REAPPOINTMENT**

Supervisor’s justification for Reappointment:

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**(Supervisor) Date:**

***Signature and Official Stamp***

**SECTION B**

**i.** **TO BE COMPLETED BY SCHOOL/ CENTER ADMINSTRATION OFFICER**

**Financial Implication Please tick (√):**

|  |  |
| --- | --- |
| USM Post-Doctoral Fellowship Funding |  |
| School Allocation (Enterprise etc.) |  |
| External Funding (Scholarship, Sponsorship, Research Grant etc.) |  |
| Without Funding |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Duration of Appointment**  **(year/ months)** | **Honorarium x no. of months**  **(RM)** | **Return Air Passage**  **(RM)** | **Total Approx. Budget**  **(RM)** |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicable for School only:**  This application has been evaluated and endorsed by the Selection Committee and we hereby declare that the publication information (including indexing in WoS/ Scopus and Quartile) by the candidate and supervisor is correct. Any inaccuracy will result to all application by the PTJ being rejected by the Division of Research & Innovation. This application is:  Please tick [ √ ]:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Recommended** |  |  | **Not Recommended** |  | |

Remarks:

**(Officer In-Charge of Human Resource) Date:**

***Signature and Official Stamp***

**ii. DEAN/ DIRECTOR’S ACKNOWLEDGEMENT**

The application meets the requirements and criteria of the Post-Doctoral Fellow and all accompanying documents have been verified.

General Comment:

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**(Dean/ Director) Date:**

***Signature and Official Stamp***

**SECTION C**

**APPROVAL BY DEPUTY VICE CHANCELLOR (RESEARCH AND INNOVATION):**

(Deputy Vice Chancellor) Date:

*Signature and Official Stamp*