**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*