

Affix recent

Passport photo

APPLICATION FORM

**POST-DOCTORAL FELLOW**

## UNIVERSITI SAINS MALAYSIA

SECTION A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERSONAL PARTICULARS | | | | |
| Full Name (write in CAPITAL LETTERS) | | | | |
| Permanent address:  **(Please give complete address)** | | | | Tel.:  Mobile Phone:  E-mail:  **(Compulsory)**  Fax: |
| Mailing address:  **(Please give complete address)** | | | |
| Date of birth: | | Age: | |
| \*Marital status: Single/Married | | Citizenship: | |
| NRIC/Passport no.:  **(Compulsory)** | | | |
| ACADEMIC QUALIFICATIONS(Please enclose certified scroll and academic transcripts) | | | | |
| **PARTICULARS** | **MASTER** | | **DOCTORATE** | |
| Name of certificate |  | |  | |
| Class/CGPA |  | |  | |
| Field |  | |  | |
| Year |  | |  | |
| Name and place of  Institution attended |  | |  | |
| **\*Is there any obligation contractual or otherwise with your sponsor? Yes/No** (Please indicate and enclose documentation evidence if any) | | | | |
| **Title of Research Plan/Project:** | | | | |
| **Publications Track Record within the last 3 years*.*** Please tick (√) in the relevant columns.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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. |  |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  |  | | 6. |  |  |  |  |  |  |  |  |   **\*Please provide proof of journal quartile (JCR and not SJR) together with publication evidence.** | | | | |
| **Have you ever been appointed as a Post-Doctoral Fellow at Universiti Sains Malaysia? If yes, please indicate:**  Date of Appointment: Date of Extension:  Name of Supervisor: School/ Center: | | | | |
| **APPLICANT’S DECLARATION** | | | | |
| **I affirm that all statements made by me on this form and all my accompanying documents below 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. I understand if I fail to complete the form with related documents, the University have the rights to reject my application without prior notice.**  **Documents submitted (Compulsory) with application form:**   |  |  |  | | --- | --- | --- | | **List of Documents** | | **Please tick (√)** | | i. | Curriculum Vitae (CV) |  | | ii. | PhD certificate |  | | iii. | Publication Evidence (along with proof Journal Quartile) |  | | iv. | Recommendation/Supporting letter |  | | v. | Research experience (*if any*) |  | | vi. | Research Plan |  |     **Signature: Date:**  **Name:** | | | | |

**SECTION B**

|  |  |
| --- | --- |
| SUPERVISOR’S PARTICULARS | |
| Name: | Title (Prof./Assoc. Prof./Dr.): |
| \*Status of position held: Permanent / Contract or others (please indicate) | |
| Office address: | Tel.:  Mobile Phone:  Fax:  E-mail: |
| **Have you had any Post-Doctoral Fellow throughout your service in the university? If yes, please indicate:**  Name of Post-Doctoral Fellow:  Date of Appointment:  Date of Extension: | |
| **Is there any possibility that you will retire / be on sabbatical leave / end your contract within your supervision period to this applicant? Yes/ No** | |
| RESEARCH INFORMATION | |
| 1. **Publications Track Record within the last 3 years*.*** Please tick (√) in the relevant columns.  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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. |  |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  |  | | 6. |  |  |  |  |  |  |  |  |   **\*Please provide proof of journal quartile (JCR and not SJR) together with publication evidence.** | |
| 1. **List of active research grants/ projects – (Please enclose documentation evidence)**  |  |  |  | | --- | --- | --- | |  | **Name/Type of Research Grants/Projects as Project Leader (Primary Investigator)** | **Date/Duration (Start – End)** | | a. |  |  | | b. |  |  | | c. |  |  | | d. |  |  |   **Please indicate whether if there are no Grants/Projects available, will it affect the research development?**  **Yes/ No** | |
| 1. **Please indicate the number of Post-Doctoral Fellow and graduate students (Master/ Doctorate) where you are the main supervisor and enclose documentation evidence**  |  |  |  |  | | --- | --- | --- | --- | | **GRADUATED** | | **NAME** | **YEAR GRADUATED** | | a. | Doctorate |  |  | | Master |  |  | | **UNDER SUPERVISION** | | **NAME** | **YEAR OF ENROLMENT** | | b. | Doctorate |  |  | | Master |  |  | | Post-Doctoral Fellow |  |  | | Post-Doctoral Fellow (TWAS) |  |  | | |
| **FINANCIAL INFORMATION** | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Source of Funding**  **(Tick (√)** | | **Account Number** | **Duration of Appointment** | | **Honorarium**  **Monthly Rate (RM)** | **Total Budget (RM)** | | **Start** | **End** | | USM Post-Doctoral Fellowship Funding |  | JPNP.AUPE002 |  |  | 5,500 |  | | School Allocation (Enterprise, etc.) |  |  |  |  |  |  | | External Funding (Scholarship, Sponsorship, Research Grant, etc.) |  |  |  |  |  |  | | Without Funding |  |  |  |  |  |  |   \*Please state the source of funding and indicate the account number (if any). | |
| SUPERVISOR ’S DECLARATION | |
| I declare that all the above statements are correct. Signature: Date:  Name: | |

**SECTION C**

|  |
| --- |
| **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*** |
| **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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **(Dean/ Director) Date:**  ***Signature and Official Stamp*** |