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APPLICATION FORM

**POST-DOCTORAL FELLOW**

## UNIVERSITI SAINS MALAYSIA

SECTION A

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| --- |
| 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 ofInstitution 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**

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| 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**

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| --- | --- | --- |
| **GRADUATED** | **NAME** | **YEAR GRADUATED** |
| a. | Doctorate |  |  |
| Master |  |  |
| **UNDER SUPERVISION** | **NAME** | **YEAR OF ENROLMENT**  |
| b. | Doctorate |  |  |
| Master |  |  |
| Post-Doctoral Fellow |  |  |
| Post-Doctoral Fellow (TWAS) |  |  |

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| **FINANCIAL INFORMATION** |
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| --- | --- | --- | --- | --- |
| **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**

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| **TO BE COMPLETED BY SCHOOL/ CENTER ADMINSTRATION OFFICER** |
| **Financial Implication Please tick (√):**

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

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

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| **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 [ √ ]:

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| **Recommended** |  |  | **Not Recommended** |  |

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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***  |