

APPLICATION FORM UNIVERSITI MALAYSIA POSTGRADUATE ADMINISTRATION & LABORATORY ACTIVITIES FUND ___ (PALAF)

APPLICATION REQUIREMENTS/INSTRUCTIONS			- FOR OFFICE USE ONLY - H. ENDORSEMENT BY DIRECTOR OF CGS			
 3. 4. 7. 	APPLICATION REQUIREMENTS/INSTRUCTIONS All active PhD and MSc student in UniMAP is eligible maximum of RM150.00 for each semester to administration and laboratory activities. Funds will be allocated using these criteria: i. Students with outstanding fees are NOT allowed to a ii. Sponsored students also are NOT eligible for this outstanding fees. Funds are not available in terms of cash but can be financial aid. Students may use this financial aid to support their a and laboratory activities NOT exceeding RM150.00 prinancial aid can be requested to: i. Purchase of printing materials such as toner, A4 pa OR; ii. Purchase research materials (consumables). Remaining or unused funds cannot be brought forwas semester to another. Application must be approved by the Supervisor, Faculties/Institute and Director, Centre for Graduate All grouping applications are required to submit the together with the information of activities and app Supervisor and Dean of Faculties/Institute. Completed application form with relevant document submitted to:					
Director, Centre for Graduate Studies, Universiti Malaysia Perlis, Administration Block,1 st Floor Engineering Training Center, Pauh Putra Campus, 02600 Arau Perlis.						
A. APPLICANT'S PARTICULARS						
1.	Name:					
2.	I/C / Passport No.:	3. Telephone	3. Telephone No. (Handphone):			
4.	E-mail:	5. Matric No.:				
6.	Mailing Address:					
	Programme: MSc/PhD PhD MSc Please state:	8. School/Centre/Institute:				
9.	Study Mode : Research Coursework Mixed Mode	10. Date of initial Date / Month / Year registration:				
11. Main Supervisor:						

12. Co-Supervisor: (if applicable)									
13. Research Title:									
B. CURRENT SCHOLARSHIPS/FINANCIAL ASSISTANCE/RESEARCH UNIVERSITY GRANT (if any)									
1. Sponsor	Sponsor								
2. Type	Scholarship / Loan / Scheme / Research University Grant (e.g. GRA, GA, RA, RO, GA MyBrain15) Please state:								
3. Amount	3. Amount								
4. Duration	From: Date / Month / Year To: Date / Month / Year								
C. APPLICATION PURPOSE (Please tick (V) where applicable) i. purchase of printing materials (eg; Toner, A4 paper and etc) ii. purchase of research material (consumables) D. DETAILS OF THE PURCHASED ITEMS (Please provide a information of the activities; printing materials / purchase of research materials) 1. Activities: [please specify]									
2. Date of the activities:									
3. Place of the activities:									
4. Applied amount:	t: RM 5. Total actual amount: RM	5. Total actual amount: RM							
E. DECLARATION									
I hereby certify that all information given in this application is complete and correct to the best of my knowledge									
Signature :	Date :								

F. ENDORSEMENT BY MAIN SUPERVISOR						
☐ Approved						
☐ Not Approved						
Comment:						
Signature:	Official Stamp :					
Date :						
G. ENDORSEMENT BY DEAN OF SCHOOL/CENTRE/INSTITUTE / CLUSTER HEAD						
☐ Approved						
☐ Not Approved						
Comment:						
Signature :	Official Stamp :					
Date :						