

**Application and Approval Form Attending Conference (Conference Fund)
 (Seminar / Colloquium / Symposium)**

(The IPPP office requires all applications to be submitted in at least 30 days before travelling.)

Details

A	Name of Applicant :		
	Account No. UMRG :		
	Department :		
	Academy / Faculty / Institute / Centre :		
	Tel. No: Office :	Mobile:	Fax :
	Name of Conference :		
	Name of presenter :		
	Type of presentation : Poster	Oral	
	Venue :	City :	Country :
	Date :	Until :	(____ days)
	Conference Costs :		
	i. Registration fees : RM	iv. Accommodation allowances : RM	
	ii. Air / Land transportation : RM	v. Others (please specify) : RM	
	iii. Food / Daily allowances per day : RM	Total costs of conference : RM	
Signature:	Important. Please attach :		
Date:	<input type="checkbox"/> Abstract <input type="checkbox"/> Acceptance letter for oral / poster presentation <input type="checkbox"/> Complete brochure of the conference		


Comment and Endorsement

B	<u>Principal Investigator(P.I) (if applicant is not the P.I)</u>	<u>Dean / Director / Head of Department / Head of Research Centre</u>
	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Signature : _____ Date : _____ Stamp : _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Signature : _____ Date : _____ Stamp : _____

Official Use for Cluster Office

C	Regarding the matter above, we would like to inform you that your application has been :
	i. <input type="checkbox"/> Approved for the recommended amount of RM _____, subject to approval of : a) Leave for travel from HRM / DVC (A & I), University of Malaya <input type="checkbox"/> b) Conference leave from HRM, University of Malaya <input type="checkbox"/> (Claims must follow the procedures noted by Bursary, University of Malaya) ii. <input type="checkbox"/> Kept in view due to incomplete application. Please submit : a) Abstract <input type="checkbox"/> / Paper presentation acceptance letter <input type="checkbox"/> / Complete Conference Brochure <input type="checkbox"/> b) Others : _____ iii. <input type="checkbox"/> Rejected due to : a) Exceeding more than one application <input type="checkbox"/> b) Not approved by Head of Department / Dean / Director / Head of Research Centre <input type="checkbox"/> c) Others : _____ Signature : _____ Date : _____ Stamp : _____

Approval by Director, IPPP

D	<input type="checkbox"/> Approved for total amount of RM _____ using SAGA No : 5640003 <input type="checkbox"/> Not approved Signature : _____ Date : _____ Stamp : _____
	

Please attach a copy of this application with claims