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|  | **Institute for Vehicle Systems and Engineering** | **UTM/IVeSE/ACTIVITY (2021)**Effective Date: 1st December 2021 |
| **APPLICATION FORM FOR ATTENDING/ORGANISING ACTIVITIES – Local Activity only****(MEETING/TRAINING / WORKSHOP/ VISITING / FIELD WORK /DISCUSSION)** |

**Note**: **IVeSE Office should receive a complete document at least 3 working days for attending and 30 days for organising the activity.**

**Please e-mail to julaiha@utm.my.**

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| 1. **APPLICANT’S PARTICULARS**
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| **Applicant Name***(with designation)* |       | **NRIC / Passport No./ Staff ID**  |       |
| **Type of Staff** |  | **Mobile Phone No.** |       | **E-mail Address** |  | **Research Centre** |  |
| **2. ACTIVITIES (ATTENDING PROGRAMMES / ORGANISING PROGRAMMES)** |
| **Name of Programme**  |       | **Type of programme** | Choose an item. |
| **Venue** |       | **Programme Date** |       |
| **Participants** **(for attending program only)***(Please use an extra form if not enough space)* | **No.** | **Name** | **NRIC/ Passport/ Matric No.** | **Category**(Staff/RO/RA/ Student) | **Centre** |
|   |       |       | Choose an item. |       |
|   |       |       | Choose an item. |       |
|   |       |       | Choose an item. |       |
|   |       |       | Choose an item. |       |
|   |       |       | Choose an item. |       |
| **3. COST CENTRE NO.:**Choose an item. | **Required Amounts** | **Approved Amounts (***Filled by IVeSE***)** |
| * Fees
 | **RM**  | **RM** |
| * Accommodation
 | **RM**  | **RM** |
| * Daily allowance
 | **RM**  | **RM** |
| * Travelling cost (Flight/toll/e-hailing/reimbursement)
 | **RM**  | **RM** |
| * Others *(Please specify)* ...
 | **RM**  | **RM** |
|  **TOTAL** | **RM** **0.00** | **RM**  |

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| **4. VERIFICATION BY PROJECT LEADER** *(Please submit documents relating to the application and tick the appropriate box)* |
| **No** | 1. **ATTENDING PROGRAMMES**
 | 1. **ORGANIZING SEMINAR/WORKSHOP**
 |
| i) | Tentative programme | [ ]  | Paper work & Cover letter for organising **Seminar / Workshop**  | [ ]  |
| ii) | Brochure - for Training / Seminar / Workshop | [ ]  | Hotel quotation *(if any)* | [ ]  |
| iii) | Invitation letter/email / Training form | [ ]  | Brochure *(if any)* | **[ ]**  |
| **5. DECLARATION BY APPLICANT** | **6. RECOMMENDATION BY RESEARCH CENTRE DIRECTOR** |
| *I hereby declare that the particulars and supporting documents attached in this application are true and correct to the best of my knowledge. I confirm that this activity relates to that which has been approved by the Deputy Vice Chancellor (Research & Innovation) Office.**....................................................... ................................................* *Signature and chop Date* | *It is my consent that our provisions be used.**................................................ .........................................* *Signature and chop Date* |
| **7. CHECKED BY IVeSE’s OFFICER** |
| This application was checked and recommended/not recommended. RC allocation balance according to cost centres is as follows:*.................................................................... ................................................* *Signature and chop Date* |
| **8. APPROVAL / RECOMMENDATION BY INSTITUTE DIRECTOR** |
| An application to conduct the activity is approved/ not approved with budget as detailed in section 3.*.................................................................... ................................................* *Signature and chop Date* |