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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** | | | | | | | | | | | | | | | | | | |
| **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. | | | | | |  |
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| **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* | | | | |