

CONSULTANCY REGISTRATION FORM

Individual / Group

Faculty / Centre

PART 1 : DETAILS OF PROJECT LEADER

Full Name:

IC / Passport No.:

Staff No.:

Faculty/Unit:

Contact No. (Ext):

H/P No.:

Email Address:

PART 2: DETAILS OF PROJECT

Project Title:

Date Start:

Date End:

Project Budget (RM):

Consultancy Category : Please tick (√)

Lab and Testing Services

General Professional Advisory

Specialist Services

Training / Workshop

Other Consultant(s)/Member(s): Lecturer/Staff

**Staff in study leave/sabbatical leave is NOT allowed as a consultant*

***If not enough space, please use a separate sheet using the same format*

No	Name	Position	ID Staff	IC/Passport	Faculty/Unit	Phone Number
1.						
2.						
3.						
4.						
5.						

PART 3: DETAILS OF CLIENT AGENCY/COMPANY

Name of Client:

Name and Address of Company:

Tel. No. (Office):

Fax No.:

H/P No.:

Attachments: Offer Letter

Project Proposal

Project Budget

Signature of Project Leader : _____

Date: _____