## Application for Temporary and Contract Staff Appointment using Internal/ External R&D Funding



RMC-TCA-V3 (2013)

NOTE: THE RESEARCH MANAGEMENT CENTRE SHALL PROCESS COMPLETED FORM WITH SUPPORTING DOCUMENTS ONLY. THE INCOMPLETE FORM SHALL BE RETURNED TO THE PROJECT LEADER.

Full Name as in Passport/Identity Ca							
	ard:						
Postal Address:	Telephone No.:						
	E-mail Address:						
		Nationality:					_
		Position Applying for:	Research Officer (RC	0)	Research Assistant (RA)		Graduate Research Assistant (GRA)
		Status :	Part Time		Full Time		I
		Earliest Date Availab	e (if appointed):		l		
Education: Tertiary	Secondary	Course:					
Duration of Course:	<u> </u>	Name of Institution:					
Qualification Attained: (indicate class of degree/diploma an academic transcript and certificate)  I have duly completed this form and	)	ng supporting document	s:				
Curriculum Vitae		3 - 1 - 1 - 1					
Academic Transcript (	(for new appointmenเ	t only)					
Academic Certificate (	(for new appointmen	t only)					
Other Details (bank ac	ccount details, etc.)						
I declare that the particulars in thi	is application are tr	rue to the best of my k	nowledge and belie	ef, and I h	ave not wil	Ifully s	uppressed any
material fact. Signature of Applicant:			Date:				
PROJECT LEADER'S P	ARTICULARS						
Title and Full Name as in Passport/l							
Title and Full Name as in Passport/li (Prof / Assoc Prof/ Dr / Mr / Ms)		Staff ID:					
Title and Full Name as in Passport/lo (Prof / Assoc Prof/ Dr / Mr / Ms) Designation:							
. PROJECT LEADER'S P Title and Full Name as in Passport/le (Prof / Assoc Prof/ Dr / Mr / Ms) Designation: Faculty Address:		Staff ID:					
Title and Full Name as in Passport/le (Prof / Assoc Prof/ Dr / Mr / Ms) Designation:		Staff ID: Telephone No.:					
Title and Full Name as in Passport/li (Prof / Assoc Prof/ Dr / Mr / Ms) Designation: Faculty Address:	dentity Card:	Staff ID: Telephone No.:					
Title and Full Name as in Passport/le (Prof / Assoc Prof/ Dr / Mr / Ms)  Designation:  Faculty Address:  Project Title:  Type of Grant:	dentity Card:	Staff ID: Telephone No.: E-mail Address:					

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Type of Appointment:	New		Renewal
Duration of Appointment :	(From)://	(To):	/
Proposed Basic Monthly Salary / Payment Rate :			
Note: (EPF and SOCSO: not ap	plicable to GRA and Non-Malaysi	an)	
I have duly completed this form a	and attached the following support	ing document:	
Funding Breakdow	'n		
I recommend the proposed app	pointment.		
Signature of Project Leader:		Date:	
a DECOMMENDATION	I DV DEAN		
3. RECOMMENDATION	I BY DEAN		
I hereby confirm that the candi I recommend / do not recomme	idate is qualified to be employed end the proposed appointment.	d under the specified reseal	rch project.
Name & Designation:		Signature:	
		Date:	
4 DECOMMENDATION	DV DIDECTOR DESEA	DCU MANACEMENT	CENTRE
4. RECOMMENDATION	BY DIRECTOR, RESEA	RCH MANAGEMENT	CENTRE
4. RECOMMENDATION  Total Deduction from the Grant =		RCH MANAGEMENT	CENTRE
		RCH MANAGEMENT	CENTRE
Total Deduction from the Grant =	=		CENTRE
		RCH MANAGEMENT	CENTRE
Total Deduction from the Grant =	=		CENTRE
Total Deduction from the Grant =	= Yes		CENTRE
Total Deduction from the Grant =  Fund Availability:	= Yes	No Signature:	CENTRE
Total Deduction from the Grant =  Fund Availability:  I recommend / do not recomment  Name & Designation:	Yes end the proposed appointment.	No Signature: Date:	CENTRE
Total Deduction from the Grant =  Fund Availability:	Yes end the proposed appointment.	No Signature: Date:	CENTRE
Total Deduction from the Grant =  Fund Availability:  I recommend / do not recomment  Name & Designation:	Yes end the proposed appointment. E PRESIDENT/VICE CHA	No Signature: Date:	CENTRE
Total Deduction from the Grant =  Fund Availability:  I recommend / do not recomme  Name & Designation:  5. APPROVAL BY VICE	Yes end the proposed appointment. E PRESIDENT/VICE CHA	No Signature: Date:	CENTRE
Fund Availability:  I recommend / do not recommend Name & Designation:  5. APPROVAL BY VICE  I approve / do not approve the	Yes end the proposed appointment. E PRESIDENT/VICE CHA	Signature: Date:	CENTRE