

**NOMINATION FORM**

**ANUGERAH EMAS KEDOKTORAN / SARJANA**

To: Pengarah

**Photo (Passport Size)**

Pusat Siswazah

Universiti Kebangsaan Malaysia

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| **CANDIDATE DETAILS** | | | |
| **Name :** | | | **Registration no. :** |
| **E-mail:** |  | | **Date of Registration in UKM :** |
| **Telephone no. :** |  | | **Numbers of Registered Semesters:** |
| **Programme:**  (Research mode) | Masters | Doctorate | |
| **Category** | Sciences, Technology  and Health | Social Sciences | |
| **Faculty/Institute:** |  | | |
| **Thesis title:**  (Please attach thesis’s abstract) |  | | |
| **Date of SENATE Confirmation Letter:** |  | | |
| **Status of Oral Examination:**  (Please attach oral examination result) | Excellent | Good | |
| **GOT Achievement**  (Filled by doctorate candidate only) | Yes | No | |
| **RESEARCH OUTCOMES** | | | |
| **No. of Publication(s)**  (Please fill in the number of published articles. For each publication, attach a copy of the article that has been registered in the eREP.)  **\***Every publication is counted once based on highest index  **\*\***Other publications include case study, technical report, comprehensive report, articles in magazine and newspaper, publication from conferences, digital or printed.  \*\*\**Articles In Press* is accepted as part of student’s publication. | |  |  | | --- | --- | | Type of Articles | Total number of Articles | | WoS Q1 Indexed |  | | WoS Q2 Indexed |  | | WoS Q3 Indexed |  | | WoS Q4 Indexed |  | | Scopus Indexed |  | | ERA Indexed |  | | Proceeding(s) WoS/Scopus/ERA Indexed |  | | Non-Indexed Article(s) |  | | Other Indexed Publication(s)\*\* |  | | Other Non-Indexed Publication(s)\*\* |  | | Book |  | | Chapter in book |  | | Policy Paper |  |   **Publication List:**  (author’s name, publication year, title, article’s name, pages, other information) | | |
| **No. of Presentation(s) in Conferences**  (List down all the attended conferences and attach relavant document as evidence) | |  |  |  | | --- | --- | --- | | **Category** | **Name, Date and Place of Conference** | **Status of Presenter (Invited Speaker/ Oral/ Poster/ Participant)** | | International |  |  | |  |  | |  |  | | National/ University |  |  | |  |  | |  |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Research Innovation**  (Please state the registration status of the IP and attach relevant document as evidence) | |  |  | | --- | --- | | Patent Name |  | | Patent Status: Approved Filed | | | Patent No. / File No. |  |  |  |  | | --- | --- | | Name for Other IP |  | | Status for the Other IP |  | | File No. |  |   If there is no Patent/IP filed, is this research has the potential to be registered as IP?    Yes No |
| **Acknowledgement/Award**  (Please state the amount of award(s) received and attach relevant documents as evidence) | |  |  |  | | --- | --- | --- | |  | Total | | | International | National/ University | | **Conference** | | | | Best Paper/Presentation |  |  | | Best Poster/Micrograf |  |  | | **Invention Competition** | | | | Gold or equivalent |  |  | | Silver or equivalent |  |  | | Bronze or equivalent |  |  | | Appreciation |  |  | | **Fellowship/ Travel Grant (Please state the amount received)** | | | | Sponsor Name: | RM | RM | | **Others** | | | |  |  |  | |
| **Leadership and Community Services**  (Please list all leadership and community services that you had participated during your study and please attach relevant document as evidence) | |  |  |  |  | | --- | --- | --- | --- | |  | Position | | | | International | National/ University | Faculty | | Membership in Committees |  |  |  | | Membership in Societies |  |  |  | | Participation in Sports and Cultural Activities |  |  |  | | Guest Speaker/Facillitator |  |  |  | | Involvement as Graduate Ambassador UKM |  |  |  | | Others |  |  |  | |
| **Impact of Research Outcome(s) toward community** | Elaborate on the potential for commercialization of your research output and its targeted market in not more than 300 words. |

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| **Candidate declaration:**  I hereby declare all the information provided are true and if any of the documents and statements are found to be false, my nomination shall be automatically cancelled.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |
| **Supervisor validation :**  Name:  E-mail:  Phone no.:  Official stamp:  Faculty/Institute:  Signature:  Date: |
| **FACULTY/INSTITUTE VALIDATION** |
| **Dean/Director:**  Signature and Official Stamp:  Name:  Date: |

***\*\*\**** *The Faculty/Institute may include other information that it considers appropriate to support the application of the approved candidates*

***\*\*\**** *All the information stated must be submitted with verified documents.*

*\*\*\* Only shortlisted candidates will be called for interview.*