

**NOMINATION FORM**

**ANUGERAH EMAS KEDOKTORAN / SARJANA**

To: Pengarah

**Photo (Passport Size)**

Pusat Siswazah

 Universiti Kebangsaan Malaysia

 43600 UKM Bangi

Selangor Darul Ehsan

Tel: 03-8921 4183

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| **CANDIDATE DETAILS** |
| **Name :** | **Matric no. :** |
| **E-mail:** |  | **Date of Registration in UKM :** |
| **Telephone no. :**  |  | **Numbers of Registered Semesters:**  |
| **Identification Card no.:** |  |
| **Candidate’s current Status / Job:** |  |
| **Programme:**(Research mode)  | Masters | Doctorate |
| **Category** | Sciences, Technology and Health | Social Sciences  |
| **Faculty/Institute:** |  |
| **Thesis title:**(Please attach thesis’s abstract) |  |
| **Name of Supervisor(s):** | 1. Main Supervisor:
2. Co supervisor(s):
 |
| **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. |

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| --- | --- |
| 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 |  |  |
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|  |  |
| 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**  |
|  |  |  |

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| **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 |  |  |  |

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| **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.*