

NOMINATION FORM ANUGERAH EMAS KEDOKTORAN / SARJANA

To: Pengarah

Pusat Siswazah

Universiti Kebangsaan Malaysia

43600 UKM Bangi Selangor Darul Ehsan Tel: 03-8921 4183 Photo (Passport Size)

	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	Doctorat	te
Category	Sciences, Technology and Health	Social Sc	iences
Faculty/Institute:		,	
Thesis title: (Please attach thesis's abstract)			
Name of Supervisor(s):	 Main Supervisor: Co-supervisor(s): 		
Date of SENATE Confirmation Letter: (Please attach SENATE confirmation letter)			

Status of Oral Examination: (Please attach oral examination result)	Excellent		Good	
GOT Achievement (Filled by doctorate candidate only)	Yes		No	
		RESEARCH OUTCO	OMES	
1. No. of Publication(s) (Please fill in the		Type of Articles		Total number of Articles
number of published articles.		WoS Q1 Indexed		7.11.11.00
For each publication, attach a copy of the article		WoS Q3 Indexed		
that has been registered in the e-	Proceedin	Scopus Indexed ERA Indexed g(s) WoS/Scopus/	ERA Indexed	
ReP) *Every publication is	Othe	Ion-Indexed Article r Indexed Publicati	e(s) on(s)**	
counted once based on highest index	Other Non-Indexed Publication(s)** Book			
**Other publications include case study,	Chapter in book Policy Paper			
technical report, comprehensive report, articles in magazine and newspaper, the publication from conferences, digital or printed. ***Articles In Press is accepted as part of student's publication.	example: Khairul Adib Yu Ahadi, Essam G Anomalous Geo	e, publication yea ation ID (as registe usof, Mardina Abo hamry, 2022, Statio omagnetic Diurnal	red in the e-ReP dullah, Nurul Sh stical Global Inve Variation Using	s name, pages, index and b), other information) azana Abdul Hamid, Suaidi estigation of Pre-Earthquake Superposed Epoch Analysis, Sensing, pg. 1-13, WoS Q1,

2. No. of			
Presentation(s)	Category	Name, Date and Place of Conference	Status of Presenter
in Conferences			(Invited Speaker/ Oral/
(List down all the	International		Poster/ Participant)
attended	International		
conferences and			
attach relevant			
document as			
evidence)			
	National/		
	University		

3. Number of					
Research Innovation	Patent Name				
(Please state the registration status of the IP and attach relevant document as evidence)	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			
4. Acknowledgement					
/Award		To	otal		
(Please state the amount of award(s)		International	National/ University		
received and attach	Conference	•			
relevant documents as evidence)	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				
	3				

5. Leadership and		1		
Community Services			Position	
(Please list all		International	National/ University	Faculty
leadership and community services	Membership in		Officeratey	
that you had	Committees			
participated during your study and please				
attach relevant	Membership in Societies			
document as evidence)				
	Participation in Sports and Cultural Activities			
	Guest Speaker/Facillitator			
	Involvement as Graduate			
	Ambassador UKM			
	Others			
6. Impact of Research	Elaborate on the poten			search output and
Outcome(s) toward	its targeted market in r	not more than 300	words.	
community				

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.