

Version No. :	01
Revision No. :	02
Effective Date :	10 <sup>th</sup> March 2017



**IIUM**  
**ENTREPRENEURSHIP**  
**& CONSULTANCIES**  
**SDN. BHD. (563743-F)**

**IIUM ENTREPRENEURSHIP AND CONSULTANCIES SDN. BHD. (IECSB)**

Level 3, Research Management Centre  
International Islamic University Malaysia  
P.O. Box 10, 50728 Kuala Lumpur  
Tel: 03 – 6196 5434 / 3703 / 6197 Fax: 03-6196 5439

**REGISTRATION FORM  
CONSULTANCY**

**PART 1: BACKGROUND OF APPLICANT**

1. Full Name: \_\_\_\_\_
2. Title (Professor / Assoc. Prof. / Asst. Prof. / Br. / Sr.): \_\_\_\_\_
3. Identity Card/Passport No.: \_\_\_\_\_ 4. Staff No.: \_\_\_\_\_
5. Nationality: \_\_\_\_\_ 6. Salary Grade: \_\_\_\_\_
6. Department: \_\_\_\_\_ 7. Kulliyah/Centre.: \_\_\_\_\_
8. Contact No.: (Ext.) \_\_\_\_\_ (Mobile phone): \_\_\_\_\_
9. E-mail: \_\_\_\_\_ Alternative E-mail: \_\_\_\_\_
10. Date of Termination of Contract (for contract staff): \_\_\_\_\_

**PART 2: PROJECT DETAILS**

1. Project Title: \_\_\_\_\_  
\_\_\_\_\_
2. Duration: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total Funding for Project: RM: \_\_\_\_\_
4. Total Honorarium Received (*if applicable*): RM: \_\_\_\_\_
5. Co-Researcher(s): i. \_\_\_\_\_ ii. \_\_\_\_\_  
iii. \_\_\_\_\_ iv. \_\_\_\_\_

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**PART 3: FUNDING AGENCY/COMPANY DETAILS**

1. Funding Agency: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contact Person: \_\_\_\_\_
4. Telephone No: \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**Note: Please attach the offer letter and other supporting document related to this project.**

**PART 4: DECLARATION OF APPLICANT**

1. I hereby declare that all information given above is true to the best of my knowledge.
2. This project will not affect my official duties at the university. I promise that I will give priority to my duties and responsibilities while undertaking this project.

-----  
Signature & Stamp

Date: -----

Name:

**FOR OFFICE USE**

PROJECT ID: \_\_\_\_\_ Date received: \_\_\_\_\_

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**PART 5: RECOMMENDATIONS**

<b>RECOMMENDATION BY THE HEAD OF RESEARCH</b>	
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Comment:	
_____ Signature and name of the approving authority	_____ Date:
<b>RECOMMENDATION BY DEAN OF KULLIYAH</b>	
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Comment:	
_____ Signature and name of the approving authority	_____ Date:
<b>APPROVAL BY IECSB</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comment:	
_____ Signature and name of the approving authority	_____ Date: