

Version No. :	01
Revision No. :	02
Effective Date :	01 Sept 2020



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 : 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:

3. Account Detail for payment purpose (Bank name & Account. No): _____

FOR OFFICE USE

PROJECT ID: _____ Date received: _____

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PART 5: RECOMMENDATIONS

RECOMMENDATION BY THE HEAD OF RESEARCH

Recommended Not Recommended

Comment:

Signature and name of the approving authority

Date:

RECOMMENDATION BY DEAN OF KULLIYAH

Recommended Not Recommended

Comment:

Signature and name of the approving authority

Date:

APPROVAL BY IECSB

Approved Not Approved

Comment:

Signature and name of the approving authority

Date: