**A. MAKLUMAT PEMOHON**

*Applicant information*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Nama Pemohon  *Name of applicant* | : |  |
|  |  |  |  |
| 2 | JAFPIB  *DAFCIDi* | : |  |

**B. MAKLUMAT PERSIDANGAN**

*Conference Information*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Kod akaun persidangan (SG18)  *Conference account code (SG18)* | : |  | | | | | | | |
|  |  |  |  | | | | | | | |
| 2 | Penganjur  Organizer | : |  | | | | | | | |
|  |  |  |  | | | | | | | |
| 3 | Tajuk Persidangan  *Conference Title* | : |  | | | | | | | |
|  |  |  |  | | | | | | | |
| 4 | Tarikh Persidangan  *Conference Date* | : |  | | | | | | | |
|  |  |  |  | | | | | | | |
| 5 | Tempat diadakan  *Venue* | : |  | | | | | | | |
|  |  |  |  | | | | | | | |
| 6 | Peringkat Persidangan  *Conference level* | : |  | Universiti/ *University* |  | Negeri/ *State* |  | Kebangsaan/ *National* |  | Antarabangsa/ *International* |
|  |  |  |  | | | | | | | |
| 7 | Permohonan pelanjutan tempoh  *Application for extension of period* | : |  | Pelanjutan pertama: 2 bulan | | |  | Pelanjutan kedua: 1 bulan | | |
|  |  |  |  | | | | | | | |
| 8 | Tarikh dijangka menghantar laporan  *Expected date of sending the report* | : |  | | | | | | | |
|  |  |  |  | | | | | | | |
| 9 | Justifikasi/ Sebab Memohon Lanjutan (perlu dinyatakan) | : |  | | | | | | | |
|  | *Justification/Reason for Applying for Extension (must be specified)* |  |  | | | | | | | |
|  |  |  |  | | | | | | | |
|  |  |  |  | | | | | | | |
|  |  |  |  | | | | | | | |
|  |  |  |  | | | | | | | |
| 10 | Dokumen sokongan bagi permohonan perlanjutan (nyatakan dan lampirkan bersama borang) | : |  | | | | | | | |
|  | *Supporting documents for the extension application (specify and attach with the form)* |  |  | | | | | | | |

**C. PERAKUAN PEMOHON / PENGERUSI JAWATANKUASA PERSIDANGAN**

*Certification by Applicant / Conference Chairman*

Saya dengan ini mengakui bahawa semua maklumat dan kenyataan yang diberikan di dalam borang ini adalah benar dan sah.

*I hereby confirm that all the information and statements provided in this form are true and valid.*

|  |  |
| --- | --- |
| Tarikh :  *Date* | Tandatangan Pelapor dan Cop :  *Applicant Signature and Stamp* |

Saya mengesahkan bahawa semua maklumat yang dipohon adalah benar dan sah.

*I hereby verify that all the information provided is true and valid.*

|  |  |
| --- | --- |
| Tarikh :  *Date* | Tandatangan Pengerusi dan Cop :  *Chairman Signature and Stamp* |

**D. UNTUK KEGUNAAN PENERBIT UMS**

***FOR UMS PRESS USE ONLY***

|  |  |  |
| --- | --- | --- |
| Tarikh Terima | : |  |
| Nama | : |  |
| Ulasan | : |  |

|  |  |
| --- | --- |
| Tandatangan dan Cop | : |

**E. KELULUSAN PENGARAH/KETUA BAHAGIAN, PENERBIT UMS**

*Approval by UMS Press Director/Head of Division*

Permohonan tempoh perlanjutan ini:

Diterima dan pemohon hendaklah menghantar laporan dalam masa \_\_\_\_\_\_\_\_\_\_\_\_\_\_ bulan.

Ditolak dengan ulasan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Tarikh: | Tandatangan dan Cop: |