

**YPASM FELLOWSHIP SCHEME 2017**

*Please tick ( / ) one:*

|  |
| --- |
| **Research Area:**  |
|  | Physical Sciences |
|  | Biological Sciences |
|  | Atmospheric Sciences |
|  | Oceanography |
|  | Policy |
|  | Others: (*please specify)* ……………………….. |

**1. APPLICANT DETAILS:** *(Please attach your CV)*

|  |  |
| --- | --- |
| **Full Name:** | **Title:** |
| **Nationality:** | **Date of Birth:** |
| **Current position:** | **Tel. No.:**  |
| **Name of Organization/Institute:** | **e-mail:**  |
| **Mailing Address:** |
| **Project Title:** |

**2. ACADEMIC BACKGROUND:**

|  |  |
| --- | --- |
| **Highest academic degree obtained:** | **Year:** |
| **University:** | **Specialization:** |

**3. BUDGET DETAILS** *(Provide details of each budgeted items).*

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Estimated Cost (RM)** |
| 1 | Travel and transportation |  |
| 2 | Accommodation |  |
| 3 | Subsistence |  |
|  |  |  |
|  | **GRAND TOTAL** |  |

**DECLARATION:**

I certify that:

a. I have read, understood and agreed to abide by the YPASM Fellowship Scheme Guidelines; and

b. The information provided in this application, negotiation, including attachments, is true and correct to the best of my knowledge;

*Applicants must use the latest version for all the documents in the application. YPASM reserves the right to revoke application and withdraw approval based on false information submitted by applicant.*

**Name :**

**Date :**

**Signature :**

**Official Stamp :**

***Please submit this form and your CV to*** ***hafiz@ypasm.my*** ***and*** ***intan@ypasm.my*** ***before 28 February 2017.***