****

1. **Personal details**

|  |  |
| --- | --- |
| Title | Choose an item. |
| Name |   |
| Gender | Choose an item. | NRIC no. |   |
| Telephone |   | MSPT membership no. |   |
| Email address |   |
| Address |   |

For students, please provide your current research degree registration.

|  |  |  |  |
| --- | --- | --- | --- |
| Current degree |   | Date of registration |   |
| Institution and address |   |
| Subject |   | Full or part-time | Choose an item. |
| Full name of principal supervisor |   |

1. **Travel awards in which you are applying** (please check on the boxes)

[ ]  Local (within Malaysia) – up to RM500

[ ]  International – up to RM1000

1. **Previous and current travel support/funding applied or received including MSPT awards and Travelships**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of conference | Location | Award reference no. or date of application | Amount received |
|   |   |   |   |

1. **Proposal**

|  |  |
| --- | --- |
| Name of the conference |   |
| Date from: |   | To: |   |
| Type of presentation | Choose an item. |
| Project/presentation title |   |
| Please state relevance of your project to the development in pharmacy and pharmaceutical science research (300 – 400 words) |
|   |

1. **Estimated costs and contributions**

|  |  |  |
| --- | --- | --- |
| Contributions | Details | Total in **RM** |
| Transportation |   | RM  |
| Accommodation | Cost per night: No. of nights:  | RM  |
| Conference fee |  | RM  |
| Subsistence  |  | RM  |
| **Exchange rate (if applicable) RM 1 =** |   |
| **Total estimated expenses** | RM  |

1. **Please provide the following documents together with this application** (please check on the boxes)

[ ]  A proof of acceptance letter from the conference organiser

[ ]  A written abstract outlining your proposed presentation

[ ]  A proof of student status or supervisor’s endorsement\* (see no. 8)

[ ]  A letter of recommendation from supervisor\*

\*For students only

1. **Declaration** (please check on the boxes)

[ ]  I declare that I have read and understood the eligibility criteria of the MSPT Award.

[ ]  I authorise the Selection Committee to obtain relevant information about me from the Department and University in which I am enrolled/worked in, in connection with the application of this award.

[ ]  I acknowledge that there is/are/no (please circle) other additional source of funds that have been made available to cover any costs associated with attending the conference, as provided in **paragraph 6**.

[ ]  I agree to prepare a 1 page report for the MSPT outlining new knowledge/experience gained from the conference as a mean of information sharing among members of MSPT.

[ ]  I understand that MSPT has the right to incur financial penalties in the form of reimbursement of funds to MSPT if it can be ascertained that I have deliberately mislead and/or deceive during the application process.

[ ]  I also understand that the information provided in this form will solely be used by the MSPT Committee for awards selection, and will not be used for other purposes, except as required by law.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |   | Date |   |

1. **Supervisor’s endorsement**

|  |  |
| --- | --- |
| Full name of supervisor |   |
| Institution |   |
| Email |   | Telephone |   |
| Supervisor’s Signature |   | Date |   |

Please return a copy of the form and all supporting documents to mspt@usm.my.

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**For office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Application reviewer 1 |  | Decision | Approve/Reject |
| Comments |  |
| Application reviewer 2 |  | Decision | Approve/Reject |
| Comments |  |
| Final decision |  | Date |  |
| Comments |  |