

APPLICATION FORM

Date of reception : _____
 Recipient : _____

REMINDER

- EACH TEAM IS REQUIRED TO READ THE PARTICIPATION REGULATIONS IN APPENDIX A, B, C, D AND E BEFORE FILLING UP THIS FORM.
- EACH TEAM IS REQUIRED TO FILL UP THIS APPLICATION FORM COMPLETELY PRIOR TO THE SUBMISSION.
- SUBMIT THIS APPLICATION FORM BEFORE 17th JULY 2017.
- ANY KIND OF ALTERATIONS OR CHANGES MUST BE INFORMED THREE WEEKS BEFORE THE DATE OF COMPETITION.
- SUBMISSION OF THE APPLICATION FORM CAN BE MADE VIA :

EMAIL : **pmnric2017@gmail.com**

MAILING : **BILIK SEKRETARIAT NRIC 2017,
 TINGKAT 1, BANGUNAN H21, KOMPLEKS CAHAYA SISWA,
 UNIVERSITI SAINS MALAYSIA,
 11800 MINDEN, PULAU PINANG,
 MALAYSIA.**

TELEPHONE : **04-653 3323**
 FAX : **04-656 7009**

- FOR ANY INQUIRIES, PLEASE KINDLY CONTACT US:

Email : **syafiqahnric16@gmail.com**
 Tel No. : **+6011-16587170 (NUR SYAFIQAH BINTI ZAIDI)**

SECTION A – ESCORTING ADVISOR INFORMATION

NAME

I.C NUMBER

PASSPORT NO. *

GENDER

 MALE

 FEMALE

EMAIL

OFFICE NO.

T-SHIRT SIZE

 S

 M

 L

 XL

 XXL

 XXXL

MOBILE PHONE NO.

FOOD

 NO ALLERGIES

 VEGETARIAN

 OTHERS, PLEASE STATE : _____

* ONLY for International participants

SECTION B - PARTICIPANT INFORMATION

NAME (<i>Leader</i>)	<input type="text"/>																						
I.C NUMBER	<input type="text"/>										GENDER	<input type="checkbox"/>	MALE										
PASSPORT NO.*	<input type="text"/>											<input type="checkbox"/>	FEMALE										
EMAIL	<input type="text"/>															T-SHIRT SIZE	<input type="checkbox"/>	S					
TELEPHONE NO.	<input type="text"/>											<input type="checkbox"/>	M										
																	<input type="checkbox"/>	L					
FOOD	<input type="checkbox"/>	NO ALLERGIES																				<input type="checkbox"/>	XL
	<input type="checkbox"/>	VEGETARIAN																				<input type="checkbox"/>	XXL
	<input type="checkbox"/>	OTHERS, PLEASE STATE : _____																				<input type="checkbox"/>	XXXL

NAME (<i>Member</i>)	<input type="text"/>																						
I.C NUMBER	<input type="text"/>										GENDER	<input type="checkbox"/>	MALE										
PASSPORT NO.*	<input type="text"/>											<input type="checkbox"/>	FEMALE										
EMAIL	<input type="text"/>															T-SHIRT SIZE	<input type="checkbox"/>	S					
TELEPHONE NO.	<input type="text"/>											<input type="checkbox"/>	M										
																	<input type="checkbox"/>	L					
FOOD	<input type="checkbox"/>	NO ALLERGIES																				<input type="checkbox"/>	XL
	<input type="checkbox"/>	VEGETARIAN																				<input type="checkbox"/>	XXL
	<input type="checkbox"/>	OTHERS, PLEASE STATE : _____																				<input type="checkbox"/>	XXXL

NAMA (<i>Member</i>)	<input type="text"/>																						
I.C NUMBER	<input type="text"/>										GENDER	<input type="checkbox"/>	MALE										
PASSPORT NO.*	<input type="text"/>											<input type="checkbox"/>	FEMALE										
EMAIL	<input type="text"/>															T-SHIRT SIZE	<input type="checkbox"/>	S					
TELEPHONE NO.	<input type="text"/>											<input type="checkbox"/>	M										
																	<input type="checkbox"/>	L					
FOOD	<input type="checkbox"/>	NO ALLERGIES																				<input type="checkbox"/>	XL
	<input type="checkbox"/>	VEGETARIAN																				<input type="checkbox"/>	XXL
	<input type="checkbox"/>	OTHERS, PLEASE STATE : _____																				<input type="checkbox"/>	XXXL

* ONLY for International participants

SECTION C – PROJECT INFORMATION

INSTITUTION NAME :

FACULTY :

TITLE OF PROJECT :

- PROJECT CATEGORY :
- FUNDAMENTAL SCIENCE
 - HEALTH AND MEDICAL SCIENCES
 - LIFE SCIENCE
 - ENGINEERING AND TECHNOLOGY
 - INFORMATION TECHNOLOGY AND COMMUNICATION
 - SOCIAL TRANSFORMATION AND CREATIVE ARTS
 - COMMUNITY RESEARCH AND INNOVATION COMPETITION (CoRIC) ***

NAME OF PROJECT AUTHOR :

NAME OF PROJECT ADVISOR :

- METHOD OF DISPLAY :
- Computer
 - Photograph
 - Prototype
 - Model
 - Graphic / Plan
 - Combustion (using fire)
 - Chemical Reaction
 - Others, Please State : _____

PROJECT ABSTRACT : (Please attach **Appendix C** (for NRIC only) together with project abstract and **Appendix E** (for CoRIC category only).

**** ONLY for local participants only**

SECTION D - AFFIRMATION

I, I.C No. / Passport No. hereby, represent my
(Name of team leader)
team to clarify that we have read the regulations that come together with this application form in **Appendix A, B, C, D** and **E** provided by the organizing committee and will follow all the outlined regulations.

I represent my team to clarify that all the information given are true
(Name of team leader)
and factual.

CLARIFICATION :

.....
(Team Leader Signature)

NAME : _____
I.C NUMBER/PASSPORT NO. : _____
EMAIL : _____
TELEPHONE NO. : _____