

APPLICATION FORM

Date of reception : _____
 Recipient : _____

REMINDER

- EACH TEAM IS REQUIRED TO READ THE PARTICIPATION REGULATIONS IN APPENDIX A, B, C AND D 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 MARCH 2019
- 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 : **pmnric.official@gmail.com**

MAILING : **BILIK SEKRETARIAT NRIC 2019,
 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 : **pkj.pmnric17@gmail.com**
 Tel No. : **+6017-7854098 (PANG KAI JUE)**

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>)	<table border="1" style="width:100%; height: 20px;"></table>																						
I.C NUMBER	<table border="1" style="width:100%; height: 20px;"></table>										GENDER	<input type="checkbox"/>	MALE										
PASSPORT NO.*	<table border="1" style="width:100%; height: 20px;"></table>											<input type="checkbox"/>	FEMALE										
EMAIL	<table border="1" style="width:100%; height: 20px;"></table>															T-SHIRT SIZE	<input type="checkbox"/>	S					
TELEPHONE NO.	<table border="1" style="width:100%; height: 20px;"></table>									<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>)	<table border="1" style="width:100%; height: 20px;"></table>																						
I.C NUMBER	<table border="1" style="width:100%; height: 20px;"></table>										GENDER	<input type="checkbox"/>	MALE										
PASSPORT NO.*	<table border="1" style="width:100%; height: 20px;"></table>											<input type="checkbox"/>	FEMALE										
EMAIL	<table border="1" style="width:100%; height: 20px;"></table>															T-SHIRT SIZE	<input type="checkbox"/>	S					
TELEPHONE NO.	<table border="1" style="width:100%; height: 20px;"></table>									<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>)	<table border="1" style="width:100%; height: 20px;"></table>																						
I.C NUMBER	<table border="1" style="width:100%; height: 20px;"></table>										GENDER	<input type="checkbox"/>	MALE										
PASSPORT NO.*	<table border="1" style="width:100%; height: 20px;"></table>											<input type="checkbox"/>	FEMALE										
EMAIL	<table border="1" style="width:100%; height: 20px;"></table>															T-SHIRT SIZE	<input type="checkbox"/>	S					
TELEPHONE NO.	<table border="1" style="width:100%; height: 20px;"></table>									<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 :

- EVENT PARTICIPATE :
- FUNDAMENTAL SCIENCE
 - HEALTH AND MEDICAL SCIENCES
 - LIFE SCIENCE
 - ENGINEERING AND TECHNOLOGY
 - INFORMATION TECHNOLOGY AND COMMUNICATION
 - SOCIAL TRANSFORMATION AND CREATIVE ARTS
 - e - NRIC (PLEASE CHOOSE YOUR CATEGORY)
 - COMMUNITY RESEARCH AND INNOVATION COMPETITION (CoRIC) ***

NAME OF PROJECT AUTHOR :

NAME OF PROJECT ADVISOR :

- METHOD OF DISPLAY :
- | | |
|--|--|
| <input type="checkbox"/> Computer
<input type="checkbox"/> Photograph
<input type="checkbox"/> Prototype
<input type="checkbox"/> Model | <input type="checkbox"/> Graphic / Plan
<input type="checkbox"/> Combustion (using fire)
<input type="checkbox"/> Chemical Reaction
<input type="checkbox"/> Others, Please State : _____ |
|--|--|

PROJECT ABSTRACT : *(Please attach the EVALUATION FORM of NRIC/e-NRIC/CoRIC (APPENDIX D) together with project abstract*

**** 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 AND D** 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. : _____