

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 8th JULY 2015.
- ANY KIND OF ALTERATIONS OR CHANGES MUST BE INFORMED TWO WEEKS BEFORE THE DATE OF COMPETITION.
- SUBMISSION OF THE APPLICATION FORM CAN BE MADE VIA :

EMAIL : **pm.nric15@gmail.com**

MAILING : **BILIK SEKRETARIAT NRIC 2015,
 TINGKAT 1, BANGUNAN H21, KOMPLEKS CAHAYA SISWA,
 UNIVERSITI SAINS MALAYSIA,
 11800 MINDEN, PULAU PINANG,
 MALAYSIA.**

TELEPHONE : **04- 653 3323**
 FAX : **04- 653 3324**

- FOR ANY INQUIRIES, PLEASE KINDLY CONTACT US:

Email : farah.nric14@gmail.com
 Tel No. : **019-7990945 (FARAH WAHIDAH BINTI FAZARI)**

SECTION A – ESCORTING ADVISOR INFORMATION

NAME

I.C NUMBER

GENDER MALE
 FEMALE

PASSPORT NO. *

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 (Leader)																				
I.C NUMBER											GENDER	<input type="checkbox"/>	MALE							
PASSPORT NO.*												<input type="checkbox"/>	FEMALE							
EMAIL																T-SHIRT SIZE	<input type="checkbox"/>	S		
TELEPHONE NO.												<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 (Member)																				
I.C NUMBER											GENDER	<input type="checkbox"/>	MALE							
PASSPORT NO.*												<input type="checkbox"/>	FEMALE							
EMAIL																T-SHIRT SIZE	<input type="checkbox"/>	S		
TELEPHONE NO.												<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 (Member)																				
I.C NUMBER											GENDER	<input type="checkbox"/>	MALE							
PASSPORT NO.*												<input type="checkbox"/>	FEMALE							
EMAIL																T-SHIRT SIZE	<input type="checkbox"/>	S		
TELEPHONE NO.												<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 :

<input type="checkbox"/> Computer	<input type="checkbox"/> Graphic / Plan
<input type="checkbox"/> Photograph	<input type="checkbox"/> Combustion (using fire)
<input type="checkbox"/> Prototype	<input type="checkbox"/> Chemical Reaction
<input type="checkbox"/> Model	<input type="checkbox"/> 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. : _____