

SOP #: SOP-RMC-03-02

Rev: V2 Date: 1/8/2020

INCENTIVE CLAIM FORM FOR INDEXED PUBLICATION

Name:								
Department & Designar	Date Joined:							
Research Grant Value: RM Sponsor:								
Application for Publication of Article/ Book/ Patent [please mark the relevant item]:								
Subject Category:	Publication (Please complete Section A only)		Patent (Please com		omp	plete Section B only)		
Section A: Information on Publication								
Title of Research:								
Source of Finding:		Grant Amount:			t:	RM		
Title of Publication:								
Full Journal Title:								
Publisher:								
International Standard Serial No. (ISSN):			Volume/ Issue No.:					
Indexing (Scopus / ISI /):		Impa	Impact Factor:					
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Section B: Information on IPR								
Patent/ ID Title:								
When Filed:				lo.:				
Application Status:		Pending Approve Approved, please indicate the number and date of last application.						
Documentary Support: Yes / No								
Please pick the appropriate answer: Patent is IPR for research								
Other IPR from this research? Yes / No No: (Please attach brief description)								
Signature:			Date					
Recommended b	oy: Sup		ported by:			Approved/ Rejected by:		
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