

## RESEARCH AND INNOVATION MANAGEMENT CENTRE

### APPOINTMENT OF GRADUATE RESEARCH ASSISTANT/ RESEARCH ASSISTANT FORM

To: Director, RIMC

Date:

As stated in our SEGiIRF budget, we seek RIMC approval to appoint the following person to assist us in the research project.

IRF No.:	Amount approved: RM
Duration: <span style="float: right;">months</span>	Period: From <span style="float: right;">Until:</span>
Title:	
Researchers: PI	Co-Researchers:
Name of GRA/ RA:	
Student No.:	I/C or Passport No.:
Nature of work:	
Duration: <span style="float: right;">weeks/ months</span>	Payment rate/ hr/ month:
Applicant's Name:	Signature:

For RIMC use

<b>Director, RIMC: Reject / Approve</b> <b>Comment:</b>	<b>Signature:</b>  <b>Stamp:</b>
<b>Date:</b>	<b>Rate</b>

Note: Upon appointment, GRA/ RA needs to sign in and out (date and hours) and indicate work done. This is to be attached with Claim form for RIMC endorsement.  
 New replacement needs to resubmit for approval.