



**FOR OFFICE USE:**

**RESEARCH INCENTIVE  
APPLICATION FORM**

<b>A.</b>	<b>APPLICANT DETAILS</b>																		
Name:																			
Status: *Postgraduate student/ Lecturer (*Please circle)																			
Mobile No.:		Email:																	
Program and matric number (if applicable):																			
Research / Article title:																			
Name of main supervisor (if applicable):																			
Sponsorship (if applicable): *Self-funded / Sponsored (*Please circle)																			
<b>B.</b>	<b>CLAIM DETAILS</b>																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">NO.</th> <th style="width: 45%;">ITEM</th> <th style="width: 10%;">(Please tick)</th> <th style="width: 40%;">Amount requested (RM)</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td>Publication fee (Q1/Q2) <b>JCR Clarivate Analytics</b></td> <td></td> <td></td> </tr> <tr> <td align="center">2</td> <td>Attending conference</td> <td></td> <td></td> </tr> <tr> <td align="center">3</td> <td>Others</td> <td></td> <td></td> </tr> </tbody> </table>			NO.	ITEM	(Please tick)	Amount requested (RM)	1	Publication fee (Q1/Q2) <b>JCR Clarivate Analytics</b>			2	Attending conference			3	Others			<p><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"> <li>Please check the terms and conditions for eligibility to apply</li> <li>Submit the completed form together with the supporting document(s) to the Administrative Office, School of Dental Sciences.</li> </ol>
NO.	ITEM	(Please tick)	Amount requested (RM)																
1	Publication fee (Q1/Q2) <b>JCR Clarivate Analytics</b>																		
2	Attending conference																		
3	Others																		
** For postgraduate students only																			
<b>C.</b>	<b>DECLARATION BY APPLICANT</b>	<b>VERIFICATION BY MAIN SUPERVISOR</b>																	
I hereby declare that the application is true, and the supporting documents attached are genuine.  Signature:  Date:		<p><b>(For application by postgraduate students only):</b>          I hereby declare that the application is true, and the supporting documents attached are genuine.          Signature:          Stamp:          Date:</p>																	
<b>D.</b>	<b>FOR ADMINISTRATIVE OFFICE USE</b>	<b>FOR OFFICE USE</b>																	
Source of funding and available balance: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Source</th> <th style="width: 20%;">Balance (RM)</th> <th style="width: 20%;">(Please tick)</th> </tr> </thead> <tbody> <tr> <td>Enterprise</td> <td></td> <td></td> </tr> <tr> <td>IPS</td> <td></td> <td></td> </tr> </tbody> </table> Signature: Stamp: Date:		Source	Balance (RM)	(Please tick)	Enterprise			IPS			I hereby declare that the supporting documents attached are genuine. Signature:  Stamp: Date:								
Source	Balance (RM)	(Please tick)																	
Enterprise																			
IPS																			
<b>E.</b>	<b>APPROVAL BY DEAN</b>																		
<input type="checkbox"/> Approved *Amount approved: RM .....  <input type="checkbox"/> Not approved *Amount may vary and is subjected to availability of resources.		Signature:  Stamp: Date:																	

NO.	TERMS AND CONDITIONS <b>***(version 07/01/2024)</b>	SUPPORTING DOCUMENTS REQUIRED
	<b>Publication Fee</b>	
	<p>a) The research is not funded by any grant, the grant has ended, or insufficient amount in the grant.</p> <p>b) No limit to the number of articles.</p> <p>c) Applicant must be the corresponding author, who must be an academic of PPSG.</p> <p>d) WoS with Journal Citation Reports (JCR), Clarivate Analytics <b>Q1/ Q2: maximum RM2000.00</b></p> <p>e) The incentive <b>does not cover the cost of publishing in Frontiers, MDPI, and Hindawi journals.</b></p> <p>f) The incentive is <b>to pay the balance fee that is not covered by the RCMO Publication Fund</b> (JCR Clarivate Analytics Q1/Q2 journals for science journals as defined by the RCMO).</p> <p>g) Affiliation must be written as follows: <b>School of Dental Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, 16150 Kota Bharu, Kelantan, Malaysia.</b></p>	<ol style="list-style-type: none"> <li>1. Proof of paper acceptance/in press/published which include information of authors and affiliations.</li> <li>2. Proof of JCR.</li> <li>3. Proof of payment.</li> <li>4. Proof of approval for RCMO Publication Fund by the RCMO.</li> </ol>
	<b>Attending Conference</b>	
	<ol style="list-style-type: none"> <li>a) Postgraduate student must be the presenting author (oral or poster).</li> <li>b) The incentive is to cover the conference fee and land public transport.</li> </ol>	<ol style="list-style-type: none"> <li>1. Proof of abstract acceptance.</li> <li>2. Proof of payment.</li> <li>3. Certificate of attendance (if applicable).</li> <li>4. Proof of postgraduate student's registration</li> </ol>

**\*\*\*FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS AND/OR FAILURE TO SUBMIT THE REQUIRED SUPPORTING DOCUMENTS MAY RESULT IN REJECTION OF APPLICATION.**

**\*\*\*DECISION OF THE PANEL IS FINAL.**

**\*\*\*THIS ALLOCATION ON BASED ON THE FIRST COME FIRST SERVE BASIS.**