**INSTITUTE OF RESEARCH MANAGEMENT & SERVICES (IPPP)**

**PAGE CHARGE FUND APPLICATION FORM**

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| --- |
| 1. **APPLICANT’S DETAILS**
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|  |  |  |
| --- | --- | --- |
| NAME OF APPLICANT | : |  |
| **\*The name of applicant must be the same of the payer (if applicable)** |
| Name of First Author | : |  | \*Corresponding Author :**\*Please refer to Item 3.4 of the Rules and Guidelines** |  |
|  |  |  |
| IC No /Passport No | : |  | (for reimbursement purposes) |  |
| Telephone No. (Mobile/Office) | : |  | E-mail : |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Position (Please tick √ whichever is applicable) : |  | AcademicStaff |  | PostgraduateCandidate |  | Others(Research Fellow/Post-Doc/Please specify)  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | Faculty: |  |

|  |  |  |
| --- | --- | --- |
| Title of Article | : |  |
|  |  |  |
| Journal | : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Journal Category(Please provide necessary evidence from jcr Incites) : |  | Q1 |  | Q2 | Invoice no: |  |

|  |
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| 1. **METHOD OF PAYMENT**
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|  |  |  |  |
| --- | --- | --- | --- |
|  | **Paid Invoice -** Reimbursement only |  | **Unpaid Invoice** |

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| 1. **ENDORSEMENT**
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|  |  |
| --- | --- |
| 1. SUPERVISOR **(For Research Fellow, Post-Doc**

**and Postgraduate Candidates only)** | 1. Head of Department **(For Academic Staff)** \*If applicant is the HOD, get signature from Deputy Dean
 |
|  |  |
| Recommended? |  | Yes |  | No | Recommended? |  | Yes |  | No |
| Signature:Date/Stamp: |  | Signature:Date/Stamp: |  |

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| 1. **IPPP DIRECTOR’S APPROVAL**
 |

This application is:

**For office reference only**

Tier:

Grant:

Grant End Date:

|  |  |
| --- | --- |
|  | Approved for the total amount of **─** |
|  | Invoice amount: (Int): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | i) | RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (From Page Charge Fund) |
|  | ii) | RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (From Applicant) |
|  | Rejected due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Signature: | Stamp: | Date: |

NZ/v1

**PAGE CHARGE FUND APPLICATION CHECKLIST**

**Please attach the following documents with the application form**

**\*Kindly note that incomplete form and checklist will not be processed.**

|  |  |  |
| --- | --- | --- |
| **No** | **Documents** | **Check √** |
| **Completed Page Charge Fund Application Form** subject to the following: |
|  | 1. Page charge or processing fees only;
 |  |
| 1. Article published in Tier 1 or Tier 2 journal category only;
 |  |
| 1. Grants acknowledged must be active grants and listed under **Item 3.3, Page Charge Fund Guidelines**.
 |  |
| 1. Grant acknowledged under **item 3.3, Page Charge Fund Guidelines**
 |  |
| 1. Applicant is the PI / Co-Researcher / RA of the grant/Project
 |  |
| 1. Applicant must be the Corresponding Author of the publication that includes researchers from other institution

(**Item 3.1, Page Charge Fund Guidelines)** |  |
| **Required documents to attach:** |
|  | Letter or e-mail of acceptance from journal publisher |  |
|  | Billed invoice with invoice no/order no (invoice before payment is made) |  |
|  | (a) | **For those who has already paid in advance:****(Reimbursement will take up to 3 weeks to process)**1. Certified True Copy Credit-card statement; or

Certified True Copy Bank transfer slip1. **The name of applicant must be the same of the payer.**
 |  |
| 1. Applicant’s I/C or Passport No is correct
 |  |
| (b) | **For those with UNPAID INVOICE:**1. Ensure that the journal publisher **has registered** as VENDOR in e-procurement portal (Please check with your department finance staff).
 |  |
|  | A copy of the front page of the manuscript with the names and addresses of contributors. |  |
|  | A copy of the page which stated the grant acknowledgement. |  |
|  | Journal Citation Reports (JCR) |  |

FAM/MMY

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