

Date of reception :

Recipient :

## APPLICATION FORM

## REMINDER

- EACH TEAM IS REQUIRED TO READ THE PARTICIPATION REGULATIONS IN APPENDIX A, B, C AND D 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 17<sup>th</sup> MARCH 2019
- ANY KIND OF ALTERATIONS OR CHANGES MUST BE INFORMED THREE WEEKS BEFORE THE DATE OF COMPETITION.
- SUBMISSION OF THE APPLICATION FORM CAN BE MADE VIA :

EMAIL : [pmnric.official@gmail.com](mailto:pmnric.official@gmail.com)

**MAILING :** BILIK SEKRETARIAT NRIC 2019,  
TINGKAT 1, BANGUNAN H21, KOMPLEKS CAHAYA SISWA,  
UNIVERSITI SAINS MALAYSIA,  
11800 MINDEN, PULAU PINANG,  
MALAYSIA.

TELEPHONE : 04-653 3323

FAX : 04-656 7009

- **FOR ANY INQUIRIES, PLEASE KINDLY CONTACT US:**

Email : [pkj.pmnric17@gmail.com](mailto:pkj.pmnric17@gmail.com)

Tel No. : +6017-7854098 (PANG KAI JUE)

## SECTION A – ESCORTING ADVISOR INFORMATION

NAME \_\_\_\_\_

[illegible]

I.C NUMBER

[illegible]

PASSPORT NO. \*

[illegible]

GENDER


MALE

FEMALE

EMAIL

\_\_\_\_\_

OFFICE NO.

[illegible]

T-SHIRT SIZE


§

M

L

XL

XXL

XXXL

MOBILE PHONE NO.

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FOOD


NO ALLERGIES

VEGETARIAN

OTHERS, PLEASE STATE : \_\_\_\_\_

\* **ONLY** for International participants

**SECTION B - PARTICIPANT INFORMATION**NAME (*Leader*)


I.C NUMBER

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GENDER


MALE

FEMALE

PASSPORT NO.\*

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EMAIL

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T-SHIRT SIZE


S

M

L

XL

XXL

XXXL

TELEPHONE NO.

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FOOD


NO ALLERGIES

VEGETARIAN

OTHERS, PLEASE STATE : \_\_\_\_\_

NAME (*Member*)


I.C NUMBER

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GENDER


MALE

FEMALE

PASSPORT NO.\*

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EMAIL

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T-SHIRT SIZE


S

M

L

XL

XXL

XXXL

TELEPHONE NO.

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FOOD


NO ALLERGIES

VEGETARIAN

OTHERS, PLEASE STATE : \_\_\_\_\_

NAMA (*Member*)


I.C NUMBER

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GENDER


MALE

FEMALE

PASSPORT NO.\*

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EMAIL

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T-SHIRT SIZE


S

M

L

XL

XXL

XXXL

TELEPHONE NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOOD


NO ALLERGIES

VEGETARIAN

OTHERS, PLEASE STATE : \_\_\_\_\_

\* ONLY for International participants

SECTION C – PROJECT INFORMATION

INSTITUTION NAME :

FACULTY :

TITLE OF PROJECT :

EVENT PARTICIPATE : ☐ FUNDAMENTAL SCIENCE

☐ HEALTH AND MEDICAL SCIENCES

☐ LIFE SCIENCE

☐ ENGINEERING AND TECHNOLOGY

☐ INFORMATION TECHNOLOGY AND COMMUNICATION

☐ SOCIAL TRANSFORMATION AND CREATIVE ARTS

☐ e - NRIC ( PLEASE CHOOSE YOUR CATEGORY)

☐ COMMUNITY RESEARCH AND INNOVATION COMPETITION (CoRIC) \*\*

NAME OF PROJECT AUTHOR : 


NAME OF PROJECT ADVISOR : 


METHOD OF DISPLAY : ☐ Computer

☐ Photograph

☐ Prototype

☐ Model

☐ Graphic / Plan

☐ Combustion (using fire)

☐ Chemical Reaction

☐ Others, Please State : \_\_\_\_\_

PROJECT ABSTRACT : (Please attach the EVALUATION FORM of NRIC/e-NRIC/CoRIC (**APPENDIX D**) together with project abstract

\*\* 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 AND D** 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. : \_\_\_\_\_