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**BORANG PERMOHONAN BANTUAN BAYARAN BALIK YURAN PENERBITAN**

**PUSAT PENGAJIAN SAINS FARMASI**

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| Nama*Name* |  | No. Staf*Staff No.* |  |
| Disiplin*Discipline* |  | Emel*Email*  |  |
| Telefon*Telephone* |  | Jawatan*Position* |  |
| **MAKLUMAT PENERBITAN *(PUBLICATION DETAILS)*** |
| Tajuk Artikel *Title of Article* |  |
| Senarai Pengarang*List of Authors* |  |
| Status Pemohon*Applicant Status* |  | Pengarang Berutusan *(Corresponding Author)* |
|  | Bukan Pengarang Berutusan *(Not Corresponding Author)* |
| Jurnal Terindeks*Indexed Journal* |  | ISI | Faktor impak *(Impact Factor)* |  |
|  | SCOPUS | Kuartil *(Quartile)* |  |
| APC applications will not be considered for publication from Hindawi, Frontier, MDPI and Heliyon |
| Nama Jurnal*Name of Journal* |  | Jenis Artikel*Type of Article* |  | Artikel Asli *(Original Article)* |
|  | Laporan Kes *(Case Report)* |
|  | Ulasan *(Review)* |
| Maklumat artikel*Article details* | *Vol. No* | *Issue No* | *Page No* | *Year* |
|  |  |  |  |
| **PEMBIAYAAN** |
| Peruntukan PUSAT PENGAJIAN SAINS FARMASI |

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***Dikemaskini : 30 Oktober 2024***