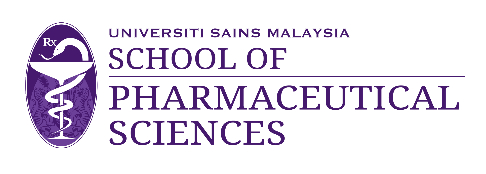
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**BORANG PERMOHONAN BANTUAN BAYARAN BALIK YURAN PENERBITAN**

**PUSAT PENGAJIAN SAINS FARMASI**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **BUTIRAN PEMOHON *(APPLICANT DETAILS)*** | | | | | | | | | | | |
| 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 | | |  |  |  | | --- | --- | --- | | **Jenis** *(Type)* | **Kadar Maksimum** *(Maximum rate)* | **Sila Tanda ✓**(*Please tick)* | | Q1 | RM4,000.00 |  | | Q2 | RM3,000.00 |  | | SCOPUS | RM2,000.00 |  | | | | | | | | | | | |
| **PERAKUAN PEMOHON** | | | | | | | | | | | | |
| …..……………………………………………….. ………………………  Tandatangan Tarikh | | | | | | | | | | | | |
| **SOKONGAN** | | | | | | | | | | | | |
| **Sokongan oleh Timbalan Dekan Penyelidikan, Inovasi dan Libatsama Industri-Komuniti**    **Disokong: [ ] Ya [ ] Tidak**  …..……………………………………………….. ………………………  Tandatangan Tarikh | | | | | | | | | | | | |
| **KELULUSAN** | | | | | | | | | | | | |
| **Kelulusan oleh Dekan Pusat Pengajian Sains Farmasi**    **Kelulusan : [ ] Ya [ ] Tidak**  **…..……………………………………………….. ………………………**  Tandatangan & Cop Tarikh | | | | | | | | | | | | |

***Dikemaskini : 30 Oktober 2024***