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IIUM
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

IIUM ACADEMY OF
GRADUATE & PROFESSIONAL STUDIES

REGISTRATION FORM TRAINING & EXPERT SERVICES

PART 1: BACKGROUND OF APPLICANT

Full Name			
Title (Prof./Assoc. Prof/Asst. Prof/ Br./Sr.)			
Identity Card/Passport No			
Nationality			
Staff No			
Department		Kulliyyah	
Contact No: (Ext)		Mobile No	
Email		Alternate Email	
Date of Termination of Contract (For contract staff)			

PART 2: RESEARCH GENERAL INFORMATION

Project Title					
Duration	Months	Start Date		End Date	
Total Funding for Project	RM				
Total Honorarium	RM				
Co-Researcher (s) / (Staff No)	1.				
	2.				
	3.				
	4.				

PART 3: BUDGET DISTRIBUTION

No.	Description	Amount (RM)

PART 4: FUNDING AGENCY/ COMPANY DETAILS

Funding Agency			
Address			
Contact Person			
Telephone No		Fax No	
Email			
Website			

Note:

1. Please attach the offer letter and other supporting documents related to this project.
2. Kindly submit the COMPLETED hard copy of this form to IIUM Academy, Level 1, Block E, KICT Building for the next process or email to illani@iium.edu.my
3. IIUM Academy will email the form to the consultant once signed by the Dean of IIUM Academy.
4. The total project funding refers to the full amount received into the IIUM account, which must be transferred in its entirety without any deductions.

PART 5: DECLARATION OF APPLICANT OF FUND TRANSFER**A. Types of project**

Training/ Workshop ☐ Seminar/ Conferences ☐ Others: _____
Policy Paper ☐ Module/ Curriculum Development ☐
Survey/ Report Analysis ☐ Appointed Speaker/ Trainer ☐

B. Offer Letter is attached: ☐ YES ☐ NO

C. Permission to announce to IIUM Community: ☐ YES ☐ NO

(If **NO**, please state the reason): _____

D. The total fund will be deposited into the IIUM Academy Account (Kindly attach proof of transfer)

☐ YES ☐ NO

E. IIUM Academy Account Details:

Account Name: IIUM Continuing Education Centre

Bank Name: Bank Muamalat (M) Berhad

Bank Address: Bank Muamalat (M) Berhad, UIAM Branch, Jalan Gombak, 53100 Kuala Lumpur

Swift Code: BMMBMYKL

PART 6: DECLARATION OF APPLICANT

1. I hereby declare that all information given above is true to the best of my knowledge.
2. This research will not affect my official duties at the university. I promise that I will give priority to my duties and responsibilities while undertaking this project.
3. I hereby acknowledge and agree to be bound by the Terms and Conditions.

NAME & SIGNATURE

DATE

Account details for payment purposes

Bank Name : _____

Account No : _____

PART 7: RECOMMENDATIONS**RECOMMENDATION BY THE HEAD OF RESEARCH/ DEPUTY DEAN POSTGRADUATE**

Recommended ☐ Not Recommended ☐

NAME & SIGNATURE OF THE RECOMMENDING AUTHORITY

DATE

RECOMMENDATION BY THE DEAN OF KULLIYYAH

Recommended ☐ Not Recommended ☐

NAME & SIGNATURE OF THE RECOMMENDING AUTHORITY

DATE

FOR OFFICE USE ONLY

Project ID: _____ Date Received: _____

APPROVAL BY IIUM ACADEMY

APPROVED ☐ NOT APPROVED ☐

SIGNED BY:

DATE

IIUM eProcurement System

BASIC ACCOUNT REGISTRATION FORM (HONORARIUM)

This form is intended for individuals or entities registering for a Basic Account to facilitate the processing and payment of honorarium by IIUM. The Basic Account is established solely for administrative and payment-related purposes and does not grant access to participate in IIUM procurement activities.

A. Organisation / Individual Information

Individual / Company / Organisation Name	
Organisation Registration No. (If any)	
PIC Name	
Identification Number	
Email Address	
Username for eP@IIUM System (Minimum six (6) characters)	
Password	<i>*The password will be automatically generated by the system. Please check the registered email account to obtain the password and perform any password reset if required.</i>

B. Address and Phone Number Information

Address	
City	
State	
Country	
Telephone No.	
Mobile No.	

C. Bank Account Information

Bank Name	
Bank Branch	
Account Holder Name	
Account Number	

D. Supporting Document Required (Mandatory)

☐ 1st Page of Bank Account Statement