



Memorandum

No. Rujukan : UNITEN/RMC/15/1/ST/PKG/2019/121
Tarikh : 20 Disember 2019

Prof. Madya Dr. Wahidah Binti Hashim
Kolej Komputeran dan Informatik

Puan,

KELULUSAN PERMOHONAN PERKHIDMATAN KHAS GERAN PENYELIDIKAN

Dengan segala hormatnya perkara di atas adalah dirujuk.

2. Sukacita dimaklumkan, Pusat Inovasi & Pengurusan Penyelidikan (iRMC) dengan ini mengesahkan pelantikan dan perincian butiran kelulusan permohonan adalah seperti berikut:

Nama : Ir. Dr. Sami Salama Hussen Hajjaj
No. K/P : ██████████
Jawatan : **Perkhidmatan Profesional**
No. ID : PKG 0195
Jumlah Bayaran : **RM 4,350.00**
Tempoh Perkhidmatan : **01 Disember 2019** sehingga **31 Januari 2020**
Kod Projek : 20190107FRGS
Tajuk Projek : *Ascertaining Noise Attenuation Factor On Local Plants Using Directivity Coefficient Modeling For Reducing Noise Pollution Effect*
Tempoh Projek : 01 September 2019 sehingga 31 Ogos 2021

Sekian, terima kasih.

Yang benar,

DR. NORMY NORFIZA BINTI ABDUL RAZAK A
Pegawai
Pusat Inovasi & Pengurusan Penyelidikan
Universiti Tenaga Nasional

s.k. Pail Peribadi Perkhidmatan Khas Geran Penyelidikan

MEMORANDUM



SPECIAL SERVICES RESEARCH GRANTS PAYMENT FORM

APPLICATION CHECKLIST (√)

- Copy of approval letter from IRMC ()
- Progress report for Data Collector (Simulation), General workers & Others ()
or,
- A copy of completed questionnaire by respondents or real-time data ()

A. APPLICANT INFORMATION

Full Name			
ID No. (PKG)		IC No. (For Malaysian)	
		Passport No. (Non-Malaysian)	

B. PROJECT LEADER INFORMATION

Project Leader Name			
College/Institute		Project Code	
Project Start Date		Project End Date	

C. PAYMENT INFORMATION

Payment for the month			
a) Data Collector (Questionnaire)			
Payment per questionnaire (RM)		Number of questionnaire forms offered	
TOTAL PAYMENTS (RM)			
b) Data Collector (Simulation), General workers & Others			
Payment per month (RM)			
TOTAL PAYMENTS (RM)			

D. PROJECT LEADER'S VERIFICATION

Signature & Official Stamp: _____ Date: _____

IRMC USED ONLY

Verified by IRMC (Executive):	Approved by IRMC (Director):
.....
Date:	Date:

Balance Check	Remarks	Received Date