Kod PSP |

**PEMOHON (Ketua Projek) /** *APPLICANT (Project Leader)*

**Nama /** *Name* : .Click here to enter text.

**Jabatan /Lab :**. Click here to enter text.

 **PTJ** : . Click here to enter text.

**No. Tel/***Tel.No* : Pejabat (*Office*) :. Click here to enter text. Tel Bimbit (*Mobile*) : Click here to enter text.

**Emel/** *Email* : Click here to enter text.

**MAKLUMAT PROJEK /** *PROJECT INFORMATION*

A. **Tajuk Rekacipta** :Click here to enter text.

 *Title of Invention*

B. **Jenis Perlindungan Harta Intelek (IP) :** ­. Click here to enter text. **No. Rujukan IP :** Click here to enter text.**.**

 *Type of IP Protection* *IP Reference number :*

C. **Adakah IP telah dilesenkan** ?  **Ya**/*Yes* [ ]  **Tidak**/*No* [ ]

 *IP already licensed?*

 *-* Jika ya, nyatakan nama syarikat / *If yes, company name :* Click here to enter text.

D. **Adakah anda mempunyai syarikat berminat dengan teknologi ini? Ya**/*Yes* [ ]  **Tidak**/*No* [ ]

 *Do you have any interested company for the technology?*

 *-* Jika ya, nyatakan nama syarikat / *If yes, company name :* Click here to enter text.

E. **Anda mempunyai pelan perniagaan**? (Jika ya, **sila** **lampirkan) Ya**/*Yes* [ ]  **Tidak**/*No* [ ]

 *Do you have a business plan?**(If yes, please attach together)*

RM .

F. **Jumlah dana yang diperlukan**? (Lampirkan **perincian kewangan - lampiran 1**)

 *How much fund do you need? (Please attach details - Attachment 1)*

G. ***Ringkasan Reka cipta / Kertas Cadangan*** *(Keperluan, Pendekatan, Faedah, Pesaing)**(lampirkan perincian projek)*

 *Summary of the Invention / Proposed Plan (Need, Approach, Benefit, Competitor) (attached the project details)*

Click here to enter text.

H. **Impak yang akan disumbangkan kepada UPM dan komuniti.** *Impact that will be contribute to UPM and the community*

 Click here to enter text.

**I. Output projek** (jenis dan bilangan prototaip dihasilkan).*Project output (type and quantity of prototype developed)*

Click here to enter text.

**J. Sila lampirkan *milestone* aktiviti (maksimum 6 bulan).** / *Please attach activity milestones (maximum 6 month)*

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**Pengesahan / *Validation***

**Tandatangan pemohon dan Cap Rasmi**  : ..................................................................................

*Signature and Official Stamp*

**Tarikh** / *Date* : ....................................

**Sokongan / *Endorsement***

**Tandatangan Tim . Dekan (Penyelidikan) /Pengarah & Cap Rasmi** : ..................................................................................

*Deputy Dean (Research) Signature and Official Stamp*

**Tarikh** / *Date* : ...........................................

**Lampiran 1**

**Sila anggarkan butiran perbelanjaan dengan merujuk kepada garis panduan.**

*Please indicate the details of expenditure according to the guidelines.*

|  |  |
| --- | --- |
| **BELANJAWAN** *BUDGET* | **Jumlah Dipohon*****Amount Requested*  (RM)** |
| **Perkhidmatan Profesional** *Professional Services* Butiran & Justifikasi *Details & Justification*: |  |
| **Bekalan bahan** *materials* Butiran & Justifikasi *Details & Justification*: |  |
| **Bahan Promosi dan lain-lain**  *Promotion Material and others*Butiran & Justifikasi *Details & Justification*: |  |
| **JUMLAH / TOTAL AMOUNT** |  |