

APPENDIX A

**UNIVERSITY OF MALAYA
INSTITUTE FOR ADVANCED STUDIES**

NAME OF CANDIDATE	:	
NATIONALITY	:	
IDENTITY CARD / PASSPORT NO.	:	
MATRIC NO.	:	
EMAIL & PHONE NUMBER	:	
PROGRAMME OF STUDY	:	MASTER OF PHILOSOPHY / DOCTOR OF PHILOSOPHY (*PLEASE SELECT)
NAME OF CONFERENCE	:	
TITLE OF PRESENTATION	:	
DATE OF CONFERENCE	:	
CONFERENCE PAYMENT	:	
BANK NAME & ACCOUNT NAME	:	
BANK ACCOUNT NUMBER	:	

CANDIDATE SIGN :	DATE :
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