UNIVERSITI MALAYA

FAKULTI PERUBATAN
Faculty of Medicine

FACULTY OF MEDICINE
UNIVERSITI MALAYA

APPLICATION FORM
FACULTY OF MEDICINE POSTGRADUATE SCHOLARSHIP SCHEME (FOMPSS)

A. PARTICULARS OF APPLICANT

FULL NAME	:	
MATRIC NUMBER	:	
EMAIL	:	
I/C NO	:	
PHONE NUMBER	:	
BIRTH DATE	:	
GENDER	:	
REGISTRATION/ APPLICATION ID	:	
REGISTRATION/ APPLICATION DATE	:	
CURRENT SEMESTER	:	
CURRENT SESSION	:	

CURRENT LEVEL OF STUDY : Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐

DEPARTMENT :

PROGRAMME :

RESEARCH FIELD :

B. SEMESTER COVERAGE

Number of semester(s) to be covered under the FOMPSS

☐ 1 semester, for semester _____ (e.g. semester 1, 2026/2027)

☐ 2 semesters, from semester _____ to _____

☐ 3 semesters, from semester _____ to _____

☐ 4 semesters, from semester _____ to _____

☐ 5 semesters*, from semester _____ to _____

☐ 6 semesters*, from semester _____ to _____

** Only applicable for Doctor of Philosophy program.*

C. ACADEMIC QUALIFICATION

TYPE OF QUALIFICATION	NAME OF QUALIFICATION / CGPA	UNIVERSITY/ INSTITUTION	YEAR
Degree	CGPA:		
Master	CGPA:		
Others (Please state):			
Academic Award (If any)			

D. OTHERS:

PUBLICATION (IF ANY):

NON-ACADEMIC ACTIVITIES (IF ANY):

E. REFEREE:

NAME /POSITION	ADDRESS/ PHONE NUMBER
(1)	
(2)	
(3)	

E. DECLARATION*:*

I declare all information stated here is accurate, the Faculty of Medicine Research Office has the right to reject or terminate or withdraw the offer if any inaccurate information is provided. I have also read and understood the Terms and Conditions of the scholarship. I agree to abide by the Terms and Conditions of the scholarship. I understand and agree that the personal information given herein will be used for verification and other related administrative purposes only.

Date: Signature

Attachment A

RESEARCH PROPOSAL

Name : _____

Program : _____

Research Field : _____

_____

Supervisor (1) : _____

Supervisor (2) : _____

Supervisor (3) : _____

Please attach research proposal according to the format below:

a) Executive Summary (Please include the problem statement, objectives, research methodology, expected output/outcomes/implication, and significance of output from the research project)

b) Research background including Hypothesis /Research Questions and Literature Review

c) Research Objectives:

Example:

i. To investigate .....

ii. To assess.....

iii. To investigate .....

iv. To make recommendation based on .....

d) Research Methodology:

i. Description of Methodology

ii. Flow Chart of Research Activities (Please enclose in the Appendix)

iii. Gantt Chart of Research Activities (Please enclose in the Appendix)

iv. Milestones and Dates

e) Expected Results/Benefit :

i. Novel theories/New findings/Knowledge

ii. Research Publications

iii. Specific or Potential Applications

iv. Intelectual Property (IP)

Attachment B

FINANCIAL INFORMATION

A. PARTICULARS OF APPLICANT:

Full Name :

Current Employment :

☐ Unemployed ☐ RA/GRA* ☐ Others (Please state) ☐

Employer's name & Address :

Employment Status :

Duration of your appointment :

Start date of your appointment:

End date of your appointment :

Current Salary** :

Have you applied for other funding/scholarship besides FOMPSS? : Yes ☐ No ☐

If yes, please state the name of the funding source and the duration of funding:

Are you currently receiving: any other scholarships or funding from ministries/agencies/ organizations or other funding sources? Yes ☐ No ☐

If yes, please state the name of the funding source and the duration of funding:

B. FAMILY BACKGROUND & INCOME

Marital Status :

Total Dependents :

Total Income (Husband/Wife)** :
(If any)

Please complete the table below:

No.	Name of Parents/Guardian & Siblings	Relationship	Age	Occupation	Monthly Income**	Total Dependents

** - Please provide payment slip verified by employer

Attachment C

SUPERVISOR'S EVALUATION

To be filled by supervisor (s):

Is there any salary allocation for this candidate?

☐ Yes, please specify RM_____/month

☐ No

If yes, please provide the following information as below:

Name of the grant/fund :

Project Account Number :

Duration of the grant/fund :

Name of the Principal Investigator :

B. Research Progress (If Applicable)

Item	**Supervisor's report (1)**	**Supervisor's report (2)**	**Supervisor's report (3)**
Literature review			
Project Design & Development			
Data collection and analysis			
Thesis / Dissertation Status			

Expected Date of Thesis / Dissertation Submission: ……

C. Evaluation of Candidate

Please Use the following Scale*:*

1	2	3	4	5
Very Weak	Weak	Satisfactory	Good	Very Good

Item	Supervisor (1)	Supervisor (2)	Supervisor (3)
(a) Determination			
(b) Attendance			
(c) Interest			
(d) Quality of Work & Efficiency			
(e) Language proficiency in thesis / dissertation			
(f) Ability to work independently			
(g) Overall performance			

1. Supervisor's comment (s):

Name & Signature/ Stamp:	Date:

2. Supervisor's comment (s):

Name & Signature/ Stamp:	Date:

3. Supervisor's comment (s):

Name & Signature/ Stamp:	Date:

Attachment D

DEPARTMENT VERIFICATION

Completed by Head of Department

Approved ☐

Disapproved ☐

Comment (s)*:*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Signature: …… Date: …….

Name : ……..……...

Stamp :

Checklist:

To be considered, your scholarship application packet must contain:

- ☐ FOMPSS Application Form
- ☐ Attachment A- Research Proposal
- ☐ Attachment B- Financial Information
- ☐ Attachment C- Supervisor's Evaluation
- ☐ Attachment D- Department Verification
- ☐ A copy of MyKad
- ☐ A copy of Matric Card (if any)
- ☐ Curriculum vitae- Not more than 2 pages
- ☐ Academic Transcript (Degree/Master)
- ☐ Certificate - SPM
- ☐ Publication – First Page Only (If any)
- ☐ Certificate / Academic Award (If any)
- ☐ Payment Slip **
- ☐ Program Offer Letter / Registration ID / Proof of Application
- ☐ Research Assistant/Graduate Research Assistant Offer Letter

** Please provide payment slip verified by employer

I certify that my application and all additional submitted materials are true to the best of my knowledge:

Applicant's Name: _____

Applicant's Signature: _____

Date: _____