



**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, 2025/2026)
- ☐ 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) :

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NON-ACADEMIC ACTIVITIES (IF ANY):

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**E. REFEREE:**

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

**E. DECLARATION:**

I declare all information stated here are 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

## 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. Intellectual Property (IP)*

## 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:

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

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

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## B. FAMILY BACKGROUND & INCOME

Marital Status :

Total Dependents :

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

Please complete the table as below:

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

\*\* - Please provide payment slip verified by employer

**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):

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Name & Signature/ Stamp :

Date:

2. Supervisor's comment (s):

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Name & Signature/ Stamp:

Date:

3. Supervisor's comment (s):

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Name & Signature/ Stamp:

Date:

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 I/C
- ☐ A copy of Matric Card (if any)
- ☐ Curriculum vitae- Not more than 2 pages
- ☐ Academic Transcript (Degree/Master)
- ☐ Certificate- STPM/ SPM/ Diploma
- ☐ 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: \_\_\_\_\_