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|  | **MANAGEMENT SERVICES DIVISION** |

**APPLICATION FOR ACADEMIC INCENTIVE PAYMENT /**

**ACADEMIC INCENTIVE PAYMENT (NON-CLINICAL)**

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| **APPLICANT INFORMATION** | | | | | | |
| Name & Staff No | |  | | | | |
| Job Title  *(Professor/ Assoc. Prof./ Asst. Prof./ Others)* | |  | | | | |
| Grade | |  | | | | |
| Department | |  | | | | |
| Kulliyyah | |  | | | | |
| **ACADEMIC QUALIFICATION** | | | | | | |
| No. | University / College | | | Certificate Bsc/Msc / PhD | Date Awarded | |
|  |  | | |  |  | |
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| **RECOMMENDATION** | | | | | | |
| **1** | Remarks by Dean : | | Nature of work  Clinical Non- Clinical | | | |
| **2** | Date : | | Type of allowance   1. Academic Incentive Payment 2. Academic Incentive Payment (Non-Clinical) | | | |
| **3** | Signature / Stamp | |
| Attached herewith the supporting document for MSD's approval  1) Time-table of start teaching at the kulliyyah | | | | | | |
| **APPROVAL**  ***(to be filled by Management Services Division)*** | | | | | |
| Approved Not Approved  **--------------------------------------------- ---------------------------**  **Signature/Stamp Date** | | | | | |