



**APPLICATION FOR ACADEMIC INCENTIVE PAYMENT /  
ACADEMIC INCENTIVE PAYMENT (NON-CLINICAL)**

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
RECOMMENDATION			
1	Remarks by Dean:	Start date of teaching:  Nature of work:  Clinical <input type="checkbox"/> Non- Clinical <input type="checkbox"/>	
2	Date:	Type of allowance	
3	Signature / Stamp		
Attached herewith the supporting document for MSD's approval 1) Time-table of start teaching at the kulliyyah <input type="checkbox"/>			
APPROVAL (to be filled by Management Services Division)			
Approved <input type="checkbox"/>		Not Approved <input type="checkbox"/>	
----- Signature/Stamp		----- Date	