Please insert

a recent photograph

**Application Form for New Affiliates**

*The application should be completed personally by the applicant. Please read the instructions in this form carefully. Please do not modify the format of this form or delete any of the question titles or instructions to gain more space. All responses should be in black, Arial 11-point font.*

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| **Please read the following instructions or note before filing the form.**   1. ***All applicants must submit a complete curriculum vitae with a list of publications (if available) along with the application form*** 2. ***Each applicant must be nominated by a YSN-ASM Member.*** 3. ***You may add rows to each of the subcategory if required.*** 4. ***Email the completed form to*** [***hayatun@akademisains.gov.my***](mailto:hayatun@akademisains.gov.my) |

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| **SECTION 1. BIODATA** | | | | |
| **A. PERSONAL DETAILS** | | | | |
| ***Full Name*** |  | | | |
| ***Title*** |  | | | |
| ***MyKad / Passport No.*** |  | | | |
| ***Date of Birth*** |  | | ***Gender*** |  |
| ***Nationality*** |  | | | |
| ***Office Address*** |  | | | |
| ***Contact Details*** | Tel: |  | | |
| H/P: |  | | |
| Fax: |  | | |
| Email: |  | | |
| URL: |  | | |
| ***Field of Expertise*** |  | | | |

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| **B. *ACADEMIC QUALIFICATION*** | | | |
| ***Certificate/Qualification*** | ***School / Institution*** | ***Year*** | ***Area of Specialisation*** |
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| **C. HONOURS AND AWARDS** | | | |
| ***Awards*** | ***Details*** | ***Awarding Institutions*** | ***Year*** |
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| **D. INVOLVEMENT IN ANY ASM & YSN-ASM PROGRAMMES**  *(e.g: Lindau Programme, Malaysian Antarctica Research Programme, CERN, National Science Challenge, YSN-ASM Colloquium etc.)* | |
| ***Programme*** | ***Year*** |
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| **E. OUTREACH / COMMUNITY SERVICE** | | | |
| ***Activity*** | ***Target Audience*** | ***Role*** | ***Year*** |
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| **SECTION 2. SHORT ESSAYS** |
| *Please answer each of the following questions in your own words. Maximum 200 words for each question.*    *Describe how you would like to contribute towards YSN-ASM.* |

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| **SECTION 3. DECLARATION** |
| *Read the following carefully and complete the form. Print the form, sign below and scan this page to include with the completed application as a single PDF document.*    I declare to the best of my knowledge that the information in this application is accurate. I acknowledge that providing misleading or untrue information may lead to my application being rejected or my affiliateship of the Young Scientists Network-Academy of Sciences Malaysia being revoked.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Stamp  Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_  ***Recommendation by the Institution***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Person of Authority Official Stamp  (e.g. Dean / Director)  Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 4. NOMINATION BY YSN-ASM MEMBER** | | |
| **A. YSN-ASM MEMBER DETAILS** | | |
| ***Full Name*** |  | |
| ***Title*** |  | |
| ***MyKad No.*** |  | |
| ***Office Address*** |  | |
| ***Contact Details*** | Tel: |  |
| H/P: |  |
| Fax: |  |
| E-mail: |  |
| URL: |  |
| ***YSN-ASM Working Group*** |  | |
| **B. NOMINATION** | | |
| *1. Please state your reasons for supporting the nomination of* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an Affiliate of the Young Scientists Network - Academy of Sciences Malaysia.*  *2. How would you ensure that he/she will actively contribute to YSN-ASM?*    I agree to be the mentor to the applicant and will ensure he/she will actively  contribute to YSN-ASM.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Stamp  Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ | | |