

Application Instruction:

This form is to be **returned not later** by **15th March 2020** at ifinog@ump.edu.my

*For international participant including advisor, please provide a copy of passport

FOR SECRETARIATS REFERENCE ONLY
Date of reception: Recipient:

ENTRY FORM

Please tick (✓) category i-FINOG ideAs

SECTION A - ESCORTING ADVISOR INFORMATION

NAME : _____
IC NO. : _____ GENDER: MALE FEMALE
PASSPORT NO.*: _____
OFFICE NO. : _____
HP NO. : _____

SECTION B – PARTICIPANT INFORMATION

INSTITUTION NAME : _____
LEVEL OF EDUCATION : ELEMENTARY SCHOOL SECONDARY SCHOOL
 UNIVERSITY/ COLLEGE ACADEMICIAN

1. NAME OF APPLICANT (team leader): _____
IC NO. : _____ GENDER: MALE FEMALE
PASSPORT NO.*: _____
EMAIL : _____ HP NO. : _____

2. NAME OF APPLICANT (member) : _____
IC NO. : _____ GENDER: MALE FEMALE
PASSPORT NO.*: _____
EMAIL : _____ HP NO. : _____

3. NAME OF APPLICANT (member) : _____
IC NO. : _____ GENDER: MALE FEMALE
PASSPORT NO.*: _____
EMAIL : _____ HP NO. : _____



INTERNATIONAL FESTIVAL OF INNOVATION ON GREEN TECHNOLOGY 2020

SECTION C – INVENTION/INNOVATION INFORMATION

1. TITLE OF INVENTION/INNOVATION:

2. NAME OF INDIVIDUAL(S) INCLUDING PROJCT LEADER THAT YOU WISH TO APPEAR ON AN AWARD CERTIFICATE (IF AN AWARD IS WIN):

3. IVENTION/INNOVATION CATEGORY (Refer on finog.ump.edu.my):

4. METHOD OF DISPLAY:

COMPUTER

GRAPHIC/PLAN

PHOTOGRAPH

COMBUSTION (using fire)

CHEMICAL REACTION

PROTOTYPE

MODEL

OTHER:

5. INVENTION/INNOVATION ABSTRACT:

6. OTHERS:

SECTION D – AFFIRMATION

I, _____ IC No. / Passport No. _____, hereby
(Name of team leader)

represent my team to clarify that we have read the regulations that provided by the organizing, committee and will follow all the outlined regulations.

I, _____ represent my team to clarify that all the information given are
(Name of team leader)

true and factual.

CLARIFICATION:

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(Team Leader Signature)