

## UNIVERSITY OF TECHNOLOGY SARAWAK

## STUDENT RESEARCH ASSISTANT APPLICATION FORM

A. PERSONAL INFORMATION					
Name		Student ID No.	I/C No.		
Address			Home Phone		
			Mobile Phone		
Age	Date of Birth	Place of Birth	Citizenship		
Daliaiaa	E NAcil	Cabaal	Van d'Samastan		
Religion	E-Mail	School	Year/Semester		
Research ID *to be filled in by supervisor		Bank	Account No.		
Name of Supervisor		Tasks will be assigned *to be filled in by supervisor			
		a)			
Signature of Supervisor		b)			
		c)			
		d)			
B. PRIOR WORK EXPERIENCE (MOST RECENT)					
Employer					
Address					
Dates of Employment	From	То	Position/Job Title		
C. EDUCATION					
Name of Institution		Date of Completion	Level	Major	
List any applicable special skills, training or proficiencies:					

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D. DECLARATION					
Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired.					
Signature:	Date:				
** For Student Only					
/We parent/guardian of l/C. No					
has n	o objection for her/him to work as stud	dent research assistant at University of			
Technology Sarawak.					
Parent/Guardian Signature Name: I/C No.: Date: E. APPROVAL BY DIRECTOR, CENTRE FO	OR RESEARCH AND DEVELORMENT				
E. APPROVAL DI DIRECTOR, CENTRE PO	OR RESEARCH AND DEVELOPINENT				
Approved	Not Approved				
Signature	Name & Official Stamp	Date			

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