

Family Medicine Specialist
Association of Malaysia

Research Presentation Fund of FMSA

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<http://fms-malaysia.org/>



FMSA RESEARCH PRESENTATION FUND



Endorsed by
Ministry of Health Malaysia

Research Presentation Fund

PREFACE

On 1st February 2009, the Family Medicine Specialist Association of Malaysia has agreed to set-up the FMSA *Research Presentation Fund* with collaboration from Ministry of Health. The purpose of this fund is to encourage FMSA members to participate actively in academic and research related activities, organized by government or other various societies.

Each applicant seeking this *FMSA Research Presentation Fund* must submit an application. The form of application fund as attached here. Applications are normally made in response to announcements of professional / scientific meetings in which they wish to present a research paper. Careful adherence to guideline requirements facilitates the processing of this applications.

Therefore FMSA encourages all applicants to read carefully to determine if they are eligible to apply for this fund. For further information and clarification, please contact Dr Rohayah Ismail. E-mail dr_rohayah@yahoo.com

Objectives

1. This funding is provided to financially support their members who wish to present in professional meetings.
2. The goal of this presentation fund is to encourage the expansion of Research & Development in the shorter and even long term among the FMSA members.

PRE-REQUISITES

To Apply for this FMSA RESEARCH FUND, the applicants:

1. Must be members of the FMSA for more than 1 year
2. Must have no outstanding FMSA annual fee payment.
3. Must not have received this similar fund from FMSA in the past 24 months.
4. A copy of abstract must be sent along with this application form to the secretariat.
5. This application must be submitted **2 months before date** of event.
6. All the expenses given by this fund only subjected to the one person only. Any expenses for accompanying persons should not be included

APPLICATION FORM

FMSA RESEARCH PRESENTATION FUND

YOUR INFO

Name : _____
Address : _____
Postcode: _____ State : _____
Telephone (work): _____ Hand phone : _____
Email : _____ Qualification : _____
FMSA Membership No: _____

PRESENTATION DETAILS

Title of Study: _____
Date : _____ Time : _____
Venue of Presentation : _____
Name of the Event/Conference/Seminar: _____
Level : International National State
Organizer of the Event: _____
Expected expenses:
Registration Fee : RM _____
Traveling : RM _____
Accommodation : RM _____
Food : RM _____
TOTAL : RM _____
Proposed amount from this fund : RM _____

Have you ever received money from FMSA fund before? YES NO
If YES.....When and where? _____

Please send or email this application form to:

Deputy Secretary of FMSA
Klinik Kesihatan Jinjang,
No. 2, Jalan 4/16 ,
Jinjang Utara Tambahan,
52000 Kuala Lumpur.
Tel: +60362583355 Fax:+60362578603
Email: dr_rohayah@yahoo.com

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Signature