

NOTIFICATION FORM

UNLOCKING TALENT DELIVERING RESULTS

UITM TECHNOVENTURE SDN. BHD. Registration No. 201101020378 (948513-M)

Our	Reference
Date)

: UTVSB/CS/P.2021

Chief Executive Officer (CEO) UiTM TechnoVenture Sdn Bhd (UTVSB) Ground Floor, UiTM-MTDC Technopreneur Centre 40450 UiTM Shah Alam.

YBhg Professor/Sir/Madam,

NOTIFICATION OF CONSULTANCY WORK

TITLE	
DURATION	
VALUE (RM)	
CLIENT	

This is to inform that I have been offered a consultancy project as per the details above and I hereby agree to the following terms and conditions:

- 1. To deliver the above project successfully as per the memorandum of agreement or term of reference.
- 2. To serve all my duties and responsibilities towards UiTM.
- 3. To comply to all rules and regulations set by UiTM and UiTM TechnoVenture Sdn Bhd.

NAME: STAFF ID: IC NO: FACULTY/DEPARTMENT/CAMPUS:

DEPARTMENT APPROVAL:

I hereby approve/disapprove the above staff involvement in the stated project throughout the project duration.

HOD NAME:

OFFICIAL STAMP:

(1)

UITM TECHNOVENTURE SDN. BHD. (948513-M)

Ground Floor, UiTM-MTDC Technopreneur Centre, Universiti Teknologi MARA (UiTM), 40450 Shah Alam, Selangor, Malaysia. Form No: UTV/OPR/F-13/001

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Note:

- 1. Head of project is compulsory to fill up this form and is liable for his/her project members.
- 2. Head of project **may opt to provide list** of team members from the same faculty/department/branch and **get the HOD approval on the list provided** or otherwise members may submit approved notification forms individually.
- 3. Please upload this signed document during project registration.

NO	MEMBER'S NAME	STAFF ID	FACULTY/DEPT/PTJ

DEPARTMENT APPROVAL:

I hereby approve/disapprove the above staff involvement in the stated project throughout the project duration.

HOD NAME:

OFFICIAL STAMP:

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