 **ISNM.100-14/2/2 (7)**

**ISN SATELLITE CENTRE**

**APPLICATION FORM**

**BACKGROUND INFORMATION**

Please provide the basic information on the different sections in the tables as provided. Should you wish to describe more precisely how your centre complies with the respective ISN Satellite Centre Applications requirements, you can give a short narrative summary at the end of each section. **Please be concise and focused.**

**PARTICIPATING INSTITUTION / ORGANISATION**

|  |  |
| --- | --- |
| **NAME OF INSTITUTION / ORGANISATION**  |  |
| **ADDRESS** |  |
| **NATURE OF BUSINESS**  |  |

**INSTITUTION / ORGANISATION EXPERTISE**

**Please provide basic information on the Institution’s expertise and type of services.**

**SECTION 1. SPORTS MEDICINE (If Applicable)**

|  |  |  |
| --- | --- | --- |
| **SPECIALITY** | **TYPE OF SERVICES** | **RELEVANT MILESTONE/TARGET** |
| **SPORTS MEDICINE** |  |  |
| **REHABILITATION** |  |  |
| **OTHERS** |  |  |

**SECTION 2. SPORTS SCIENCE (If Applicable)**

|  |  |  |
| --- | --- | --- |
| **SPECIALITY** | **TYPE OF SERVICES** | **RELEVANT MILESTONE/TARGET** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 3. SPORTS TECHNOLOGY & INNOVATION (If Applicable)**

|  |  |  |
| --- | --- | --- |
| **SPECIALITY** | **TYPE OF SERVICES** | **RELEVANT MILESTONE/TARGET** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 4. RESEARCH ACHIEVEMENT IN THE SPORTS FIELD (If Applicable)**

**Please provide summaries of research achievements**

|  |
| --- |
| **Research Projects in Sports** |
| **Title**  |  |
| **Funding (Funder and Amount in RM)** |  |
| **Publications in Peer Reviewed Journals**  |  |
| **Other achievements e.g., product development, registered intellectual property**  |  |

* **any additional research, should be supplemented at the back (limit to 3 main research)**

**SECTION 5. LIST OF FACILITIES / TYPES OF EQUIPMENT)**

**Please provide the list of facilities and sports equipment which are related to this application**

|  |  |  |
| --- | --- | --- |
| **TYPE OF FACILITIES / EQUIPMENT** | **FUNCTIONS**  | **SHORT DESCRIPTION**  |
|  |  |  |
|  |  |  |
|  |  |  |

* **any additional facilities, should be supplemented at the back.**

**SECTION 6. LIST OF EXPERTISE – (If Applicable)**

**Please provide the list of all the expertise which is related to this application**

|  |  |  |
| --- | --- | --- |
| **NAME AND AREA OF EXPERTISE** | **RESPONSIBLE** | **SHORT DESCRIPTION**  |
|  |  |  |
|  |  |  |
|  |  |  |

* **any additional expertise, should be supplemented at the back.**

**SECTION 7. OTHER SPORTS-RELATED PROGRAMS (If Applicable)**

Please provide any other sports-related programs which your institution has organised before.

|  |  |  |
| --- | --- | --- |
| **NAME AND TYPE OF PROGRAM** | **RESPONSIBLE** | **SHORT DESCRIPTION**  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 8. SOCIAL RESPONSIBILITIES – (If Applicable)**

Please provide any social responsibilities programs related to sports which your institution has organised before.

|  |  |  |
| --- | --- | --- |
| **NAME AND TYPE OF PROGRAM** | **RESPONSIBLE** | **SHORT DESCRIPTION**  |
|  |  |  |
|  |  |  |

**SECTION 9. INSTITUTIONAL / ORGANISATIONAL STATEMENT**

|  |
| --- |
| **Please provide** an institutional statement that commits the necessary financial, educational, and human resources to be ISN Satellite Centre and kindly provide all the supporting documentation. |
|  |

**Signature:**

 **(Director) Date Company Stamp**

Application to be submitted via email to satellite@isn.gov.my. Kindly contact 03-8991 4993 for queries or details on the application.



**CHECKLIST**

**Documents to be attached together with the application form:**

|  |  |  |
| --- | --- | --- |
| **NO** | **ITEMS** | **( √ )** |
|  | **PROPOSED AREA OF COLLABORATION**  |  |
|  | **ANNUAL OPERATION BUDGET**  |  |
|  | **INSTITUTION/ORGANISATION REGISTRATION DOCUMENTS** **(e.g., SSM, CERT FROM ROS)** |  |
|  | **RELEVANT RESEARCH PUBLICATION (if applicable) e.g., publication, product, intellectual property etc.**  |  |
|  | **SUMMARY PROFILE / BACKGROUND OF THE DIRECTORS/ MANAGEMENT (whichever is applicable)**  |  |

**I verify that the information given is true. Actions may be taken if the information given is false.**

**Signature:**

 **(Director) Date Company Stamp**