UNUSA	Institute for Research and Community Services (LPPM)	Year: 2025
POSTDOCTORAL FELLOWSHIP SCHEME APPLICATION FORM		

APPLICATION ☐ NEW
☐ EXTENSION

INSTRUCTION:

1) Application should be made by Principal Investigator (PI) / Supervisor via simlitabmas.unusa.ac.id.
2) This application form is used to provide information for Head of LPPM when completing Section C.
3) Candidate/ potential postdoctoral fellow should prepare supporting documents which will be uploaded by the PI via simlitabmas.unusa.ac.id.
4) Supporting documents required to be attached in simlitabmas.unusa.ac.id are as follows:
   i) Complete Postdoctoral Fellowship Scheme Application Form
   ii) Passport copy (for International Candidates)
   iii) Copies of Academic Certificates (Diploma/Degree/Masters/PhD or Senate Approval Letter)
   iv) Certificate of TOEFL/IELTS (if thesis is not written in English)
   v) Curriculum Vitae
   vi) Research Proposal
   vii) List of Publications (published only)

SECTION A

(To be completed by the postdoctoral fellow candidate)

PERSONAL PARTICULARS				
Name (write in BLOCK Letters and UNDERLINE Surname/family name)				Photograph of Candidate
Permanent address			Tel (mobile) : E-mail : Emergency contact Name : Relationship : Tel (mobile) :	
Mailing address				
Date of birth	Age		* Marital Status: Single/Married	
*Sex: Male/Female	Nationality		Religion	
Passport No	Expiry Date		Ethnic group *(if applicable)*	
	Place of Issue			

ACADEMIC QUALIFICATIONS				
Particulars	Diploma	Bachelor	Master	Doctorate
Name of certificate CGPA Field Year Institution name				

Is this appointment sponsored by any agency/ institution? Yes/No If yes, please enclose necessary documents.
English qualification. *(Please enclose result slip)* TOEFL : IELTS : Date of test : Date of test :

WORKING EXPERIENCE		
Duration	Designation	Organization

Proposed date and duration of appointment.

CANDIDATE'S DECLARATION

I hereby proclaim that all information given as stated above is accurate and true. I understand that any inaccurate or false information or omission of material information will render this application invalid and that, if admitted and awarded Postdoctoral Fellowship on the basis of such information, my candidature can be terminated and I can also be subjected to any penalty in the agreement.

Name :

Signature :
Date :

SECTION B

(To be completed by the Supervisor)

PRINCIPAL INVESTIGATOR/ SUPERVISOR'S PARTICULARS	
Name	
Title of position held	Academic Grade
Are there any possibilities that you will retire/going for sabbatical leave/be transferred to other places/end your contract within the proposed appointment period of this applicant?	

RESEARCH INFORMATION **if appointment application is not using UNUSA fund*				
Cost Centre	Project Title	Project Leader	Start and End Date	Allocation amount for appointment

Please insert project proposal

Signature & Stamp

SECTION C

Head of Research and Innovation Division LPPM

I affirm that all information given is accurate and correct.

SUPPORT ☐
NOT SUPPORT ☐

Proposed salary :

Name :

Signature : Date :

Head of LPPM

RECOMMENDED ☐
NOT RECOMMEDED ☐

Name :

Signature : Date:

THANK YOU.

Result will be notified by the secretariat via email.

OUR CONTACT:
POSTDOCTORAL FELLOWSHIP SECRETARIAT
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