

**“KNOWLEDGE TRANSFER PROGRAMME – KTP”**

**LAPORAN MAKLUM BALAS INDUSTRI/KOMUNITI**

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| **A. LAPORAN KEMAJUAN BERKALA/***Periodic Progress Report* |
| **12bulan**/12 months**18 bulan**/18 months**6 bulan**/6 months**24 bulan/**24 months **12 bulan**/12 months**24 bulan**/24 months |
| \**Sila tanda diruang yang berkenaan* |
| **MAKLUMAT PROJEK/*Details of Project*** |
| **KOD RUJUKAN GERAN:***Reference Code of Grant* |  |
| **TAJUK PROJEK:***Title of Project:* |  |

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| **B. STATUS PROJEK** / *Status Of Project* |
| **ADAKAH PROGRES PROJEK INI TELAH MEMENUHI KEPERLUAN INDUSTRI/KOMUNITI ANDA?***Does the progress of this project meet the needs of your industry/community?* | 1. YA/ *Yes*
2. TIDAK/ *No*
 |
| **JIKA ANDA MENJAWAB YA, SILA TANDAKAN (√) ANGGARAN TAHAP PENERIMAAN FAEDAH.***If you answered* ***YES****Please indicate* (√) *the estimate level of interest receipts.* | **Peratus**/ *Percentage* |
| 1-20 | 21-40 | 41-60 | 61-80 | 81-100 |
|  |  |  |  |  |
| **JIKA JAWAPAN TIDAK, SILA TANDAKAN (√) TAHAP FAEDAH YANG MASIH DIHARAPKAN.** *If you answered* ***NO****, please indicate* (√) *the level of benefit still expected.* | **Peratus/** *Percentage* |
| 1-20 | 21-40 | 41-60 | 61-80 | 81-100 |
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| **SENARAIKAN BENTUK PENERIMAAN MANFAAT** *(cth. Produk, teknologi, khidmat nasihat, maklumat dsbg.)**List type of benefit received**(e.g product, technology advisory services, information etc.)* | 1.2.3.4.5.*\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* |
| **SENARAIKAN KUMPULAN SASARAN PENERIMA DAN JENIS MANFAAT** *List name of beneficiary and type of benefit received* | **Kumpulan sasaran** /*Name of beneficiary* | **Jenis faedah**/ *Type of beneficiary* |
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| *\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* |

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| ***C.* IMPAK PROJEK** / *Impact of the Project* |
| *Yang menjawab YA, sila tandakan (√) pada soalan-soalan yang berkaitan dengan Projek anda terima.**The answer is YES; please tick (√) on the questions related to the programme you receive.* |
| ***PENINGKATAN FAEDAH KEWANGAN KEPADA ORGANISASI****Increased monetary Benefits to the Organization* | *Kuantiti / Quantity*  | *Impak / Impact*  |
| * *JUALAN/Sales*
 |  |  |
| * *KEUNTUNGAN/PULANGAN*

*Profit/return* |  |  |
| * *PENJIMATAN KOS/*

*Cost savings* |  |  |
| *LAIN-LAIN, SILA NYATAKAN:**Others, please specify:* | *\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* |
| **INDUSTRI** */ INDUSTRY* |
| ***PENINGKATAN FAEDAH BUKAN KEWANGAN KEPADA INDUSTRI****Increased non-monetary Benefits to the Organization* | *Kuantiti / Quantity*  | *Impak / Impact* |
| * *INOVASI & KREATIVITI / Innovation & Creativity*
 |  |  |
| * *KECEKAPAN PROSES/ Efficiency of Process*
 |  |  |
| * *PENJIMATAN MASA/ Time savings.*
 |  |  |
| * *PENJIMATAN TENAGA/ Energy savings.*
 |  |  |
| * *KUALITI PERKHIDMATAN/ Service quality*
 |  |  |
| * *KUALITI PRODUK DAN PROSES/ Quality of product*
 |  |  |
| * *PRESTASI PROSES/ Process performance*
 |  |  |
| * *KESEDARAN PEKERJA/ Employee awareness*
 |  |  |
| * *PENGKHUSUSAN KERJA/ Job specialisation*
 |  |  |
| * *KERJA BERPASUKAN/ Teamwork*
 |  |  |
| * *HUBUNGAN DENGAN PELANGGAN/ Customer relationships*
 |  |  |
| * *KEPUASAN KERJA/ Job Satisfaction*
 |  |  |
| **KOMUNITI/** *Community* |
| ***PENINGKATAN FAEDAH BUKAN KEWANGAN KEPADA KOMUNITI****Increased Non-Monetary Benefits to the Organization* | *Kuantiti / Quantity*  | *Impak / Impact* |
| * *ANDA/ You*
 |  |  |
| * *KELUARGA ANDA/ Your family*
 |  |  |
| * *MASYARAKAT ANDA/ Your community*
 |  |  |
| * *KUALITI KEHIDUPAN/ Quality of life*
 |  |  |
| * *Kerja-kerja Kemasyarakatan/ Community work*
 |  |  |
| * *KUALITI PERKHIDMATAN/ Service quality*
 |  |  |
| **PENDIDIKAN*/*** *Education* |
| ***PENINGKATAN FAEDAH BUKAN KEWANGAN KEPADA PENDIDIKAN****Increased non-monetary Benefits to the Organization* | *Kuantiti / Quantity*  | *Impak / Impact* |
| * *TINGKAH LAKU*

*/ Behaviour* |  |  |
| * *KEMAHIRAN INSANIAH*

*/ Soft Skill* |  |  |
| * *PENCAPAIAN PEMBELAJARAN*
 |  |  |
| * *KEBOLEHUPAYAAN/Personal Ability*
 |  |  |
| * *PEMBELAJARAN BERTERUSAN/ Lifelong learning*
 |  |  |
| *LAIN-LAIN, SILA NYATAKAN:**Others, please specify:* | *\*Sila guna lampiran tambahan jika perlu/ Please use additional sheet if necessary* |
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| **D. AKUAN OLEH ORGANISASI /***Declaration by organisation* |

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| ***TANDATANGAN WAKIL ORGANISASI :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TARIKH :****Representative of Organisation’ Signature :* ***(Tandatangan Elektronik)*** *Date:* *(Electronic Signature)*  |

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| ***NAMA ORGANISASI:*** *Name of Organisation:*  |

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| ***NAMA PEGAWAI*** ***YANG BERTANGGUNGJAWAB:*** *Name of Responsible Officer* |  |

**SEBARANG PERTANYAAN/MAKLUMAT TAMBAHAN BOLEH DIAJUKAN KEPADA:**



 **SEKRETARIAT “KNOWLEDGE TRANSFER PROGRAMME”-KTP**

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