

LAPORAN KEMAJUAN BERKALA/ *PERIODIC PROGRESS REPORT*

3 Bulan 6 Bulan 9 Bulan 12 Bulan

*Sila tanda (/) di ruang yang berkenaan/ *Please tick (/) in the appropriate space*

*Borang ini perlu diisi oleh Ketua Projek/ *To be filled in by Project Leader*

A. MAKLUMAT GERAN / *Information of Grant*

KOD RUJUKAN GERAN:
Reference Code of Grant:

*Diisi oleh Ketua Sekretariat U4S

B. MAKLUMAT KETUA PROJEK / *Details of Project Leader*

1. **NAMA KETUA PROJEK:**
Name of Project Leader:

2. **NO. KAD PENGENALAN:**
ID No.:

3. **FAKULTI/JABATAN:**
Faculty/School/Centre:

(Alamat Penuh/Full
Address):

4. **DIREKTORI:**
Directory:

NO. TELEFON
PEJABAT:
Office Phone No.:

NO. TELEFON
BIMBIT:
Mobile No.:

ALAMAT EMEL:
E-mail Address:

C. MAKLUMAT PROJEK / Details of Project		
1. TAJUK PROJEK: <i>Title of Project:</i>		
2. OBJEKTIF PROJEK: <i>Objective(s) of Project:</i> Sila senaraikan objektif asal dan perubahan objektif, sekiranya ada/ <i>Please list down original and changes objective(s), if any.</i>	OBJEKTIF BERDASARKAN PERMOHONAN/ <i>Objective(s) based on application</i>	SILA TANDAKAN (/) SEKIRANYA MENCAPAI OBJEKTIF/ <i>Please tick (/) if objective(s) achieved:</i>
	1.	
	2.	
	3.	
	4.	
	5.	
	PERUBAHAN OBJEKTIF / <i>Changes Objective(s)</i>	SILA TANDAKAN (/) SEKIRANYA MENCAPAI OBJEKTIF/ <i>Please tick (/) if objective(s) achieved:</i>
	1.	
	2.	
	3.	
4.		
5.		
3. TEMPOH PROJEK: Tarikh berdasarkan surat kelulusan dari pusat bertanggungjawab UA masing-masing. <i>Duration of Project:</i> <i>Date is based on approval letter from UA responsible centre.</i>	TEMPOH: Duration:	
	TARIKH KUAT KUASA: Effective Date:	
	TARIKH TAMAT: End Date:	
4. LOKASI PROJEK: <i>Location(s) of Project:</i> Alamat Projek/ Full Address	1.	
	2.	

D. MAKLUMAT AHLI PROJEK/ <i>Details of Member(s) Project</i>		
1. JUMLAH AHLI PROJEK: <i>Total of members project:</i>		
2. AHLI PROJEK 1: <i>Member Project 1:</i>	NAMA: <i>Name:</i>	
	FAKULTI/JABATAN: <i>Faculty/School/Centre:</i> (Alamat Penuh/Full Address):	
	JAWATAN: <i>Designation:</i>	
	BIDANG KEPAKARAN: <i>Area of Expertise:</i>	
3. AHLI PROJEK 2: <i>Member Project 2:</i>	NAMA: <i>Name:</i>	
	FAKULTI/JABATAN: <i>Faculty/School/Centre:</i> (Alamat Penuh/Full Address):	
	JAWATAN: <i>Designation:</i>	
	BIDANG KEPAKARAN: <i>Area of Expertise:</i>	
4. AHLI PROJEK 3: <i>Member Project 3:</i>	NAMA: <i>Name:</i>	
	FAKULTI/JABATAN: <i>Faculty/School/Centre:</i> (Alamat Penuh/Full Address):	
	JAWATAN: <i>Designation:</i>	
	BIDANG KEPAKARAN: <i>Area of Expertise:</i>	

E. MAKLUMAT KOMUNITI PROJEK/ Details of Community(s) Project						
1. NAMA KOMUNITI: <i>Name of Community:</i>						
2. NAMA KETUA KOMUNITI: <i>Name of Community Leader:</i>						
3. JAWATAN KETUA KOMUNITI: <i>Designation of Community Leader:</i>						
4. MAKLUMAT PERHUBUNGAN: <i>Contact Person:</i>	NO. TELEFON PEJABAT: Office Phone No.:	NO. TELEFON BIMBIT: Mobile No.:	ALAMAT EMEL: E-mail Address:			
5. JENIS PENDAFTARAN SYARIKAT/KOMUNITI: <i>Type of Company Registration/Community:</i>	<input type="checkbox"/>	Persendirian	<input type="checkbox"/>	Berhad	<input type="checkbox"/>	Organisasi
	<input type="checkbox"/>	Masyarakat	<input type="checkbox"/>	Koperasi	<input type="checkbox"/>	Koperasi
	<input type="checkbox"/>	NGO	<input type="checkbox"/>	Lain-Lain (Sila Nyatakan): _____		
6. BILANGAN PEKERJA/AHLI DALAM KOMUNITI: <i>No. of Employees/: No. of Members in Community:</i>						
7. PEKERJAAN UTAMA KOMUNITI: <i>Main Job of Community:</i>						

F. MAKLUMAT AGENSI PROJEK/ Details of Agency Project			
1. NAMA AGENSI KERAJAAN/SWASTA 1: <i>Name of Government/Private Agency:</i>			
2. NAMA KETUA AGENSI KERAJAAN/SWASTA 1: <i>Name of Government/Private Agency Leader:</i>			JAWATAN: <i>Designation:</i>
3. MAKLUMAT PERHUBUNGAN: <i>Contact Person:</i>	NO. TELEFON PEJABAT: <i>Office Phone No.:</i>	NO. TELEFON BIMBIT: <i>Mobile No.:</i>	ALAMAT EMEL: <i>E-mail Address:</i>
4. ALAMAT PENUH: <i>Full Address:</i>			
1. NAMA AGENSI KERAJAAN/SWASTA 2: <i>Name of Government/Private Agency:</i>			
2. NAMA KETUA AGENSI KERAJAAN/SWASTA 2: <i>Name of Government/Private Agency Leader:</i>			JAWATAN: <i>Designation:</i>
3. MAKLUMAT PERHUBUNGAN: <i>Contact Person:</i>	NO. TELEFON PEJABAT: <i>Office Phone No.:</i>	NO. TELEFON BIMBIT: <i>Mobile No.:</i>	ALAMAT EMEL: <i>E-mail Address:</i>
4. ALAMAT PENUH: <i>Full Address:</i>			

G. LAPORAN KEWANGAN (Isi yang berkaitan sahaja) <i>FINANCIAL REPORT (Kindly fill in the relevant details only)</i>				
SKOP PEMBIAYAAN <i>Scope of funding</i>	SUMBER KEWANGAN SETARA / TAJAAN LUAR (RM) <i>Source of In Kind (RM)</i>	PERUNTUKAN YANG DILULUSKAN (RM) <i>Approved Budget (RM)</i>	JUMLAH PERBELANJAAN (RM) <i>Total Expenses(RM)</i>	JUMLAH BAKI (RM) <i>Total Balance (RM)</i>
Vot21000: PERJALANAN DAN PENGANGKUTAN <i>Travels and Transports</i>				
Vot23000: PERHUBUNGAN DAN UTILITI <i>Communications and Utilities</i>				
Vot24000: SEWAAN <i>Rentals</i>				
Vot27000: BEKALAN DAN BAHAN PROGRAM <i>Supplies and programme materials</i>				
Vot29000: PERKHIDMATAN IKHTISAS <i>Professional services</i>				
Vot35000: AKSESORI, PERALATAN DAN PERISIAN <i>Accessories, equipment and software</i>				
SST (6%)				
JUMLAH KESELURUHAN (RM) GRAND TOTAL (RM)				

H : STATUS PROJEK / Status of Project			
ILMU YANG DIPINDAHKAN SEHINGGA KINI <i>Knowledge Transferred According to Progress</i>	ISU/ MASALAH/ CABARAN <i>Issues/ Problems/ Challenges</i>	TINDAKAN YANG DIAMBIL UNTUK MENANGANI ISU/ MASALAH/ CABARAN <i>Action Taken to Overcome/Issues/ Problems/ Challenges</i>	TEMPOH MASA MENANGANI ISU/MASALAH/CABARAN <i>Duration to Overcome Obstacles</i>
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.
<i>Sila gunakan lampiran tambahan jika perlu/ Kindly use additional sheet if necessary</i>			

I. HASIL DAN IMPAK PROGRAM BERDASARKAN MILESTONE / Programme Outputs and Impacts based on Milestone			
PENCAPAIAN MENGIKUT 'MILESTONE' BERDASARKAN PROGRES BESERTA PERATUS <i>Achievement(s) based on Milestone According to Progress and Percentage</i>	CARTA PERBATUAN /Milestone <i>(%)</i>	HASIL/Outputs <i>(Sila nyatakan kaedah pengukuran/ Please state the method of measurement)</i>	IMPAK/Impacts <i>(Sila nyatakan kaedah pengukuran/ Please state the method of measurement)</i>
1.			
2.			
3.			
4.			
5.			

J. PENCAPAIAN PROJEK BERDASARKAN KEMAJUAN / Project Achievement Based on Progress		
HASIL KEPADA INDUSTRI / KOMUNITI SASARAN BERDASARKAN KEMAJUAN <i>Outcome(s) to Targeted Industry / Community According to Progress</i>	HASIL/ Outcome	IMPAK/ Impact
	1)	1)
	2)	2)
	3)	3)
	4)	4)

*Sila gunakan lampiran tambahan jika perlu

AKUAN KETUA PROJEK / Declaration by Project Leader

Saya mengaku bahawa segala maklumat yang diberikan di atas adalah betul dan benar.
I declare that all information given above is correct and true.

Tarikh :
Date :

Tandatangan Pemohon : _____
Applicant's Signature :

AKUAN NAIB CANSOLOR/ TIMBALAN NAIB CANSOLOR
Declaration by Vice Chancellor/ Deputy Vice Chancellor

Saya dengan ini mengaku bahawa (Sila tanda √):
I hereby declared that (Please tick √):

Diperakukan:
Recommended:

- A. **Sangat Disokong**
Highly Recommended
- B. **Disokong**
Recommended
- C. **Tidak Disokong (Sila Nyatakan Sebab)**
Not Recommended (Please specify reason)

Ulasan:
Comments:

Nama:
Name:

Tandatangan:
Signature:

Tarikh:
Date:

SEBARANG PERTANYAAN/MAKLUMAT TAMBAHAN BOLEH DIAJUKAN KEPADA:



**SEKRETARIAT UNIVERSITY FOR SOCIETY (U4S)
PUSAT TRANSFORMASI KOMUNITI UNIVERSITI (UCTC)
UNIVERSITI PUTRA MALAYSIA
43400 SERDANG, SELANGOR**

Tel: 03-9769 1805/ 1809

Fax: 03-8946 4107

b.p

**BAHAGIAN KOLABORASI INDUSTRI DAN MASYARAKAT (BKIM)
JABATAN PENDIDIKAN TINGGI
KEMENTERIAN PENGAJIAN TINGGI**

Tel: 03-8870 6461

Fax: 03-8870 6845