**INCENTIVE AWARD CLAIM FORM**

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| **SECTION 1: APPLICANT DETAILS** |
| * 1. **Incentive Applied for:**
 | Patent [ ] Research Book [ ] Journal Article [ ] Book Chapter [ ] Creative Works [ ] Externally Funded Projects [ ]  |
| * 1. **Name(s) of Applicant(s):**
 | 1.
 |
| * 1. **Employment Number(s):**
 | 1.
2.
 |
| * 1. **Tax Identification Number** *(TIN)***:**
 | 1.
2.
 |
| * 1. **Fiji National Provident Fund Number** *(FNPF Number)***:**
 | 1.
2.
 |
| * 1. **College:**
 | 1.
2.
 |
| * 1. **Publication Reference:**
	2. *(please attach a copy of the publication)*
 |  |
| * 1. **External Funding Success:**
	2. *(please attach evidence)*
 |  |
| * 1. **Date of Publication:**
 |  |
| * 1. **DOI/ISBN & Date:**
 |  |
|  |  |
| * 1. **Rank Per Academic Ranking System:**
 | **SCImago** | **Other** |
|  |  |
| * 1. **Patent No./Creative Works/ Externally Funded Projects:**
	2. *(please provide details and evidence)*
 |  |
| * 1. **If multiple researchers/authors, state percentage of work per each researcher/author:**
	2. *(please provide email agreement from all authors)*
 |  |
|  |  |
|  |  |
| **SECTION 2: APPLICANT(S) DECLARATION** |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SECTION 3: COLLEGE APPROVAL** |
| * 1. **Associate Dean Research Comments:**
 |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SECTION 4: FOR OFFICE OF THE PRO VICE CHANCELLOR RESEARCH USE ONLY** |
| **Comments:** |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |