**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. **Employment Number(s):** |  | |
| * 1. **Tax Identification Number** *(TIN)***:** |  | |
| * 1. **Fiji National Provident Fund Number** *(FNPF Number)***:** |  | |
| * 1. **College:** |  | |
| * 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |