



Ref. no.:

Application for MPA Publication Initiative.

Details of Applicant			
Name			
Telephone no.		E-mail	
Place of Practice			
Life Associate / Ordinary membership since		Early Career Psychiatrist (if applicable)	Yes / No
MMC number		NSR (if applicable)	
Previous successful sponsorship(s) by MPA			
Publication title	Journal title	Year	
1.			
2.			
Details of Published Submission.			
Publication title			
Journal Title			
DOI			
Impact factor		Date published	
Role	() First author () Corresponding author		
Publication fee			

Applicant's Acknowledgment.

I hereby declare that the above particulars of facts and information stated are correct to the best of my belief and knowledge.

.....

Name:

.....

Date:

Please attach the following **documents** upon application:

1. Proof of MPA membership approval.
2. Proof of the submission has been approved for publication by the journal.
3. The published article (PDF).
4. Receipts and relevant transaction documents if any.

Please e-mail your application form along with the specified documents to secretariat@psychiatry-malaysia.org and title the email as "MPA Publication Initiative application by Dr (your name)".

(For office use only).

Date received:

This application by (name) is **APPROVED / NOT APPROVED** by the committee on (date).

The following application is not approved due to the reason(s) below (to be filled if **NOT APPROVED**):

1.
.....
2.
.....