（*Date*）

**(*Name and position of invited lecturer*)**

(*Department*)

Faculty of Science,

Universiti Teknologi Malaysia

81310 UTM Johor Bahru

Johor, Malaysia

**RESEARCH ATTACHMENT/VISIT AT (Nama of Institute)**

This is to certify that Prof/Assoc. Prof./Dr…………………………………. from …………………….. Department, Faculty of Science, Universiti Teknologi Malaysia has carried out research attachment/visit at ………………………………….(Department, Institute) starting from …………………….. to …………………………..(date, activity must be >14 days for Myra II).

2. During the research attachment/visit, Dr …………………………. has carried out research project entitled……………………………………….in the Laboratory of ………………………… . Other activities also include…………………………………….. (e.g. giving scientific talk, research discussion with postgraduate students, writing research proposal etc).

3. For the visit, our institute has covered the transportation fee (air ticket, land transportation), accommodation and service, conference fee for Dr……………….. . The detail of financial support is shown below.

|  |  |  |
| --- | --- | --- |
| No. | Financial Support | Amount (RM or other currency) |
| 1. | Transportation (Flight ticket) |  |
| 2. | Accommodation |  |
| 3. | Conference fee |  |
|  | **total** |  |

I am looking forward to have more collaborative works with Universiti Teknologi Malaysia in the near future.

Thank you.

Yours sincerely,

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Name)***

*(****Post****)*

***(Name of Institute）***