



ISLAMIC ARTS MUSEUM MALAYSIA  
MUZIUM KESENIAN ISLAM MALAYSIA  
Jalan Lembah Perdana  
50480 Kuala Lumpur  
Tel : 603-2274 2020  
Fax : 603-2274 0529

**SCHOLAR'S LIBRARY**  
**RESEARCHER APPLICATION FORM**

**REMINDER TO RESEARCHERS**

1. By appointment.
2. Letter of application is required and to be sent to the Librarian at least 1 week before the date of appointment.
3. Reference only. No photocopy is allowed.
4. Applicants are advised to mention expected duration of research at the library.

**PART A: Researcher's Information** (To be filled by applicant)

Name: .....

I/C or Passport No. (New): .....

Address: .....

.....

Tel. No.: ..... Mobile No.: .....

Gender:  Male  Female

Race: ..... Religion: .....

E-Mail Address: .....

**(Applicable to those who are working)**

Occupation: .....

**PART B: Information about the institution you are currently studying**

Name of Institution: .....

Address (Institution/Faculty): .....

.....

.....

.....

Tel. No.: ..... Mobile No.: .....

Program Code: .....

Mode of study:  Part Time  Full Time Others: .....

**PART C: Information about the research**

Research Title: .....

**Level of your research** (Please mark **X** in the relevant box provided)

Diploma  M.A/M.Sc./M.Edu.  B.A/B.Sc/B.Edu.  Ph.D/Ed.D  General Study

**Duration of this research:**

Duration: ..... From: ..... To: .....

**Research Summary**

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**Others Researcher**

No.	Name	Identification No. (ID)	Faculty/School/Centre/Unit
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**PART D: Endorsement**

- i. I, hereby declare that a copy of my research finding on manuscripts / library collections will be send to the Islamic Arts Museum Malaysia for reference.
- ii. I, hereby declare that all information provided is true. I accept that any information that is found to be incorrect or false, by the selection committee will cause immediate disqualification of my application.

**Signature:** .....

**Date:** .....