



TS (1)

PARTICIPATION FORM
[To be completed in 2 copies]

| | | | | |
|-----|---|---|--------------------------|----------------------|
| 1. | MRSM | <input type="text"/> | | |
| 2. | CATEGORY | CHEMISTRY | | |
| 3. | PROJECT | Individual | <input type="checkbox"/> | Group |
| | | | <input type="checkbox"/> | |
| 4. | PARTICIPANT'S NAME <i>(Group/team - not more than 2 persons)</i> | | Name | Form |
| | | i. | <input type="text"/> | <input type="text"/> |
| | | ii. | <input type="text"/> | <input type="text"/> |
| 5. | PROJECT TITLE | <input type="text"/> | | |
| 6. | ADVISOR | <input type="text"/> | | |
| 7. | ABSTRACT | <i>Please use the format as shown in Appendix 1 (containing 2 pages)</i> | | |
| 8. | NOTES | | | |
| 8.1 | Electric Source | Provided in limited numbers. Students must bring their own extension wires. | | |
| 8.2 | Water Source | Water source is not provided in the display area. Participant must bring their own water container for any projects that require water. | | |
| 8.3 | Laptop/computer/ LCD Projector | Not provided. Please bring your own computer (if needed). | | |



I certify that this project is the result of my own/group effort and has **never** entered any competition outside MRSM prior to this. I also certify that this project is **not a requirement** for any PMR or SPM paper.

.....

*Name of Individual/Group
Leader*

.....

Signature

.....

Date

CERTIFIED BY :

.....

*Name of Head of Science
Department
Department's Stamp :*

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Signature

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Date

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*Name of Scientific Review
Committee Chairman*

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Signature

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Date

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*Name of Principal
Principal's Stamp:*

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1. MRSM

2. CATEGORY

3. PROJECT Individual Group

| | Name | Form |
|--|------|------|
| 4. PARTICIPANT'S NAME <i>(Group/team - not more than 2 persons)</i> | i. | |
| | ii. | |

5. PROJECT TITLE

6. ADVISOR

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1. MRSM



2. CATEGORY

| |
|------------------------------|
| ENGINEERING/INOVATION |
|------------------------------|

3. PROJECT

| | | | |
|------------|--------------------------|-------|--------------------------|
| Individual | <input type="checkbox"/> | Group | <input type="checkbox"/> |
|------------|--------------------------|-------|--------------------------|

4. PARTICIPANT'S NAME

(Group/team - not more than 1 persons)

| | Name | Form |
|-----|------|------|
| i. | | |
| ii. | | |

5. PROJECT TITLE

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6. ADVISOR

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Committee Chairman*

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*Name of Principal
Principal's Stamp:*

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Signature

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Date

PERTANDINGAN TUNAS SAINTIS MRSM PERINGKAT KEBANGSAAN
KALI KE -23, 2014

TS(5)



BORANG MAKLUMAT KONTINJEN

(Diisi dalam 3 salinan)

MRSM : _____

A) SENARAI PESERTA (Jumlah tidak melebihi 8 orang pelajar)

| KATEGORI | TAJUK | INDIVIDU @ KUMPULAN | NAMA PESERTA | NO. K.P | L/P | TING. |
|------------------|-------|---------------------|--------------|---------|-----|-------|
| BIOLOGY | | | 1. | | | |
| | | | 2. | | | |
| CHEMISTRY | | | 1. | | | |
| | | | 2. | | | |
| PHYSICS | | | 1. | | | |
| | | | 2. | | | |
| ENGINEERING | | | 1. | | | |
| | | | 2. | | | |
| COMPUTER SCIENCE | | | 1. | | | |

B. BILANGAN PESERTA

| PESERTA | BILANGAN | NO. BLOK / DORM / BILIK (Untuk Kegunaan Penganjur) |
|-----------|----------|---|
| LELAKI | | |
| PEREMPUAN | | |
| JUMLAH | | |

C. SENARAI GURU PENGIRING (1 orang guru sahaja)



| Portandingan Tunas Sains MRSM Se-Malaysia 2014 MRSM KKF | | NO. TELEFON BIMBIT (JIKA ADA) | NO. BLOK/BILIK (Untuk Kegunaan Penganjur) |
|---|-------|----------------------------------|---|
| NAMA GURU PENGIRING | L / P | NO. TELEFON BIMBIT (JIKA ADA) | NO. BLOK/BILIK (Untuk Kegunaan Penganjur) |
| 1. | | | |
| 1. | | | |



D. SENARAI PEMANDU BAS

| NAMA PEMANDU | L / P | NO. TELEFON BIMBIT (JIKA ADA) | NO. BLOK/BILIK (Untuk Kegunaan Penganjur) |
|--------------|-------|----------------------------------|---|
| 1. | | | |
| 2. | | | |