FORM UP/P/01 UNIMAS Publisher, Universiti Malaysia Sarawak 94300 Kota Samarahan Sarawak. Tel: 082-581000 samb. 1157, 1159, 1162 Faks: 082-581919 www.publisher.unimas.my



# **Manuscript Submission Form**

This form is to be completed by the corresponding author of a manuscript to be considered for publication by UNIMAS Publisher. If there is not enough space on the application form, you may attach separate sheet.

#### PART A: Corresponding Author's Details

				5	E.
Full Name				IC	
Date Of Birth				Gender	
Address					,
Affiliation					
Faculty/Institute/Centre		9	45		
Contact	нР:	Office:	Email:		
Field of Expertise					
Books Published (with UNIMAS PUBLISHER and others)					
Awards and Recognitions					

## PART B: Manuscript Details

Authors' names in correct order		
Title of Manuscript		
Aim of the Publication (please specify your main readership and the market potential of the book)		
	Is this originally a thesis?	Yes) ☐ (No) Please (✓) where applicable
Justification for its production under UNIMAS Publisher		
Is the publication a research output? If YES, please state the Research Grant ID	Research Grant ID :	
Suggested Reviewer(s):  Please provide more than two reviewers with their full name and address		
Number of pages		
Type of Manuscript	o Borneo Series o Working Paper Series	<ul> <li>Translated Material</li> <li>*University Text Books</li> </ul>
☑ where applicable	o Monograph	o *Inaugural Lecture
Please refer to the Manuscript Publication Manual on how to submit your manuscript/proposal	<ul> <li>Professional Reference</li> <li>Books</li> <li>Public Reference Books</li> <li>Research Books</li> </ul>	*Requires approval of the Dean of the F/I/C
Preface		
List of chapters		

Chapter Summary				
Competitor (book of similar topics)				
Originality of work				
	1st phase (Manuscript is 50% completed or at a proposal stage.)  Please state the date of submission:			
Work schedule	2nd phase (Manuscript is 100% complete and ready to be submitted.)  Please state the date of submission:			
Please choose your publication preference	Printed copy / please state how many ePub / eBook (PDF)			
Signature & Official Stamp	I hereby declare, on behalf of myself and my co-authors (if any), that:			
Day Month Year  Date	Above mentioned manuscript is original work, has neither been published elsewhere in any language fully or partially, nor is it under review for publication elsewhere.  I affirm that all the authors have seen and agreed to the submitted version of the manuscript and their inclusion of names as co-authors.  I also agreed that after acceptance of above mentioned manuscript, I will not			
	withdraw it under any conditions and grant exclusively to UNIMAS Publisher all rights until further notice.			
	Full Name:			
	Signature:			
	Official stamp:			

#### PART C: For UNIMAS Publisher Administrative Office Only

Date received:	Manuscript ID	Done by:
Day Month Year	Update Database  Original to Director for action	Signature:

## PART D: For Director of UNIMAS Publisher Only

Date received:	Action to be taken by Editorial Unit:	Signature:
Day Month Year  Date	<ul> <li>Circulate to APC</li> <li></li> <li></li> <li></li> <li>Send to Reviewer</li> <li>Type D PiC:</li> </ul>	<b>25.</b>