

APPENDIX: APPLICATION FORM



MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP) APPLICATION FOR SHORT COURSES IN MALAYSIA

Please affix
passport
photograph

APPLICATION FORM (Typewriting or block letters)

TITLE OF COURSE :	DATE OF COMMENCEMENT:
NAME OF TRAINING INSTITUTION :	

1. PERSONAL DATA

Family name (surname):	Date of birth:		
	Day	Month	Year
First Name :	Nationality (citizenship) :		
Other names :	Gender:		
	Male / Female *		
City and country of birth:	Marital status:		
	Single / Married / Divorced / Widowed*		
Passport No:	Religion:		

*Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address:			Applicant's Postal / Home Address:		
			Home telephone:		
			Country	Area	Number
Office telephone:			Telefax		
Country	Area	Number	Country	Area	Number
Email:					
Person to be contacted in case of emergency, name, telephone and address:					

3. EDUCATION (list in order of time, starting with last institution attended)

Name of Institution and Place of Study	Major field of study	Years of study: from - to	Degree

4. EMPLOYMENT RECORD

A. Present or most recent post	B. Previous post
Employer:	Employer:
Years of service (from – to):	Years of service (from – to):
Title of your post/position :	Title of your post/position :
Present salary per month (US Dollars):	Salary per month (US Dollars):
Name of supervisor and title:	Name of supervisor and title:
Type of organization: Government / Semi Government / Private / NGO*	Type of organization: Government / Semi Government / Private / NGO*
Main functions of organization:	Main functions of organization:
Total number of employees:	Total number of employees:

**Delete accordingly*

Description of your work including your responsibility:

Please continue on supplementary pages if necessary

5. REASONS WHY YOU ARE APPLYING FOR THIS COURSE

Please state briefly the reasons why you are applying for this course and how you hope to benefit from the programme.

Please continue on supplementary pages if necessary

Have you participated in any training programme in Malaysia before : YES / NO*

Name of programme

Organizer

Year

Have you participated in any MTCP training programme in Malaysia before : YES / NO*

Name of courses

Name of Advanced Diploma
Institute

Year

**Delete accordingly*

6. CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue:

Language test administered by: _____

Title : _____

Address : _____

Tel. Number : _____

E mail : _____

Date and signature: _____

7. MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant:			
Age:	Sex:	Height: cm	Weight: kg
Blood Group:			
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB	<input type="checkbox"/> O <input type="checkbox"/> Other ()
Blood Pressure:			
Is the person examined at present in good health?		Is the person examined physically and mentally able to carry out intensive training away from home?	
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.) ?		Does the person examined have any condition or defect (including teeth) which might require treatment during the course?	
List any abnormalities indicated in the chest X ray.		Pregnancy Test (for women):	
<p>I certify that the applicant is medically fit to undertake this course in Malaysia.</p> <p>Name of Physician : _____</p> <p>Address of Clinic : _____</p> <p>(printed) _____</p> <p>Telephone : _____</p> <p>(printed) _____</p> <p>E mail : _____ Date : _____</p> <p>Signature of Physician: _____ Seal of Clinic : _____</p>			

8. DECLARATION

Have you ever been convicted by a Court of Law of any country? Yes / No *

If yes, please give brief details:

I certify that my statements in response to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

If accepted for a training award, I undertake to:-

- Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;
- Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;
- Refrain from engaging in political activities, or any form of employment for profit or gain;
- Submit any progress reports which may be prescribed; and
- Return to my home country promptly upon the completion of my course of study or training.

I also fully acknowledge that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.

Signature of applicant:

Name:

Date:

*Delete accordingly

9. OFFICIAL DECLARATION (to be completed by the nominating government)

The Government of:

nominates

(name of applicant)

For the course under the Malaysian Technical Cooperation Programme and certifies that:

- all information supplied by the nominee is complete and correct;
- the nominee had adequate knowledge and was appropriately tested for English Language proficiency.

Remarks:

_____ (Name)	_____ (Signature of responsible Government official)
_____ (Designation)	Address of Department / Ministry:
Official Seal / Stamp:	Office Telephone number: Office Fax number :
Date:	E mail:

Please note: This application form must be duly completed and endorsed by the Ministry of Foreign Affairs or the relevant agency responsible for the MTCP programme in your country.

INCOMPLETE AND/OR UNENDORSED FORMS CANNOT BE PROCESSED.