



**3. EDUCATION (list in order of time, starting with latest/most recent institution attended)**

Name of institution and place of study	Major field of study	Years of study : from - to	Award

**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 :
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 :
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**5. REASONS FOR APPLYING THIS COURSE**

Please state briefly the reasons for applying to 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 TATCOT before? : YES / No #

Name of programme

Organizer

Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. ENGLISH LANGUAGE PROFICIENCY**

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

**7. APPLICANT'S DECLARATION**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of applicant Country

Declare that:

- a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
- b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training.
- c) For pregnant female applicants only: I am \_\_\_\_\_ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training

Upon successful selection for the training award, I undertake to:

- a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating, host and supporting organization in respect of this training course;
- b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- c) submit/present any report which may be required;
- d) return to my work place and practice accordingly upon completion of the training; and
- e) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from the training area at my own expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

**8. TO BE COMPLETED BY THE HEAD OF THE CENTRE WHERE APPLICANT IS COMING FROM**

Reasons for applicant's selection

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Relevance of the course to applicant's job

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**9. DECLARATION**

On behalf of MY CENTRE, I \_\_\_\_\_  
Name of Official

Certify that :

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
- c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his/her period of stay in Malaysia, he/she would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; an
- d) The applicant has a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate ( Dr/Mr/Mrs/Ms\* ) \_\_\_\_\_ holding Passport No.: \_\_\_\_\_  
for the training course.

\_\_\_\_\_

Name and Designation

\_\_\_\_\_

Signature and Official Stamp