



Please affix  
passport size  
photograph

**APPLICATION FORM**

**SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN  
TECHNICAL COOPERATION PROGRAMME ( MTCP )**

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

**FOR OFFICIAL USE ONLY**

|              |   |       |
|--------------|---|-------|
| Reference no | : | _____ |
| Received     | : | _____ |
| Checked      | : | _____ |

|                                      |                       |
|--------------------------------------|-----------------------|
| <b>TITLE OF COURSE:</b>              | Date of commencement: |
| <b>NAME OF IMPLEMENTING AGENCY :</b> |                       |

**1. PERSONAL DATA**

|  |                               |
|--|-------------------------------|
| Family Name (surname) :                              | Date of birth :               |
| First Name :   | Day   Month   Year            |
| Other Names :  | Nationality ( citizenship ) : |
| City and country of birth :                          | Gender :                      |
| Passport No :                      Type of Passport: | Male / Female #               |
| Expiry Date:   | Marital status :              |
|  | Single / Married #            |
|  | Religion :                    |

# Delete accordingly

**2. COMMUNICATION AND MAILING ADDRESS**

|  |                                     |
|--|-------------------------------------|
| Applicant's Office Address :                         | Applicant's Postal / Home Address : |
| Mobile Phone Number                                  | Home telephone                      |
| Country   Area   Number                              | Country   Area   Number             |
| Office telephone                                     | Telefax                             |
| Country   Area   Number                              | Country   Area   Number             |
| Email  |                                     |
| Person to be contacted <b>in case of emergency</b> : |                                     |
| Name   | :                                   |
| Telephone  | :                                   |
| Address  | :                                   |
| Email  | :                                   |
|  | Mobile Phone Number: _____          |

**NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted**

**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 :<br>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 :<br>Government / Semi Government / Private / NGO # | Type of organization<br>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 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 Malaysia before? : YES / No #

|                          |                  |             |
|--------------------------|------------------|-------------|
| <u>Name of programme</u> | <u>Organizer</u> | <u>Year</u> |
|--------------------------|------------------|-------------|

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

|                       |                                   |             |
|-----------------------|-----------------------------------|-------------|
| <u>Name of Course</u> | <u>Name of Training Institute</u> | <u>Year</u> |
|-----------------------|-----------------------------------|-------------|

# Delete accordingly

**6. ENGLISH LANGUAGE PROFICIENCY (Kindly provide certificate as proof of proficiency)**

|           | Excellent | Good | Fair | Basic | Remarks |
|-----------|-----------|------|------|-------|---------|
| Listening |           |      |      |       |         |
| Speaking  |           |      |      |       |         |
| Writing   |           |      |      |       |         |
| Reading   |           |      |      |       |         |

Mother tongue : \_\_\_\_\_

Language test administered by : \_\_\_\_\_

Title : \_\_\_\_\_

Address : \_\_\_\_\_

Tel Number : \_\_\_\_\_

Email : \_\_\_\_\_

Date and signature : \_\_\_\_\_

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

|  |         |  |                       |
|--|---------|--|-----------------------|
| Name of Applicant:   |         |  |                       |
| Age:   | Gender: | Height:            cm  | Weight:            kg |
| <b>Blood Pressure:</b>   |         |  |                       |
| Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other (       ) |         |  |                       |
| 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 ):  |                       |
| I certify that the applicant is medically fit to undertake a course in Malaysia.   |         |  |                       |
| Name of Physician  | :       | _____  |                       |
| Address of Clinic<br>(printed)   | :       | _____<br>_____   |                       |
| Telephone<br>(printed)   | :       | _____  |                       |
| Email  | :       | _____  | Date : _____          |
| Signature of Physician   | :       | _____  | Seal of Clinic :      |

**NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted**

**8. APPLICANT'S DECLARATION**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of applicant Representing 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 in Malaysia;
- c) I will be personally liable for **all** medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics, and also other than those covered under the Group Personal Accident Insurance. (All successful participants are covered under Group Personal Accident. The Group Personal Accident does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for medical expenses beyond what is covered by the insurance policy. **As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Malaysia;** and
- d) 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 in Malaysia

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 and host governments 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) refrain from engaging in political activities and any form of employment for profit or gain;
- e) return to my home country upon completion of the training; and
- f) 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 Malaysia at my own expense.

\_\_\_\_\_  
Date

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

9. TO: GOVERNMENT OF MALAYSIA

**LETTER OF INDEMNITY**

I \_\_\_\_\_, Passport Number: \_\_\_\_\_ having an address at \_\_\_\_\_, hereby declare that I shall be personally liable for and shall indemnify the Government of Malaysia and \_\_\_\_\_ against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common law which may be made or taken against the Government of Malaysia and/or \_\_\_\_\_ or incurred or become payable by the Government of Malaysia and/or \_\_\_\_\_ in respect of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with \_\_\_\_\_ which is appointed by the Government of Malaysia.

Dated this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_

Signature of applicant )  
Name of applicant )  
Date )

In the presence of  
Signature of Witness )  
Name of Witness )  
Designation of Witness )  
I/C or Passport No. )

**10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

Reasons for applicant's selection

---

---

---

---

---

The post which the applicant will be required to fill upon satisfactory completion of training

---

---

---

---

---

Relevance of the course to applicant's job

---

---

---

---

---

**11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

**OFFICIAL DECLARATION**

On behalf of the Government of \_\_\_\_\_, I \_\_\_\_\_  
Country 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 attained 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

\_\_\_\_\_  
Name and Organisation

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.

\_\_\_\_\_  
Email address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email Address

( Ministry's Official Stamp )

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Name of Organisation

\_\_\_\_\_  
Signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.