







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

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

**8. DECLARATION**

<b>Have you ever been convicted by a Court of Law of any country ?</b> <i>If yes, please give brief details:</i>	<b>Yes / No #</b>
<p>I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.</p> <p>If accepted for a training award, I undertake to:-</p> <ul style="list-style-type: none"><li>(a) 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;</li><li>(b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;</li><li>(c) Refrain from engaging in political activities, or any form of employment for profit or gain;</li><li>(d) Submit any progress reports which may be prescribed; and</li><li>(e) Return to my home country promptly upon the completion of my course of study or training.</li></ul> <p>I also fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.</p> <p style="text-align: right;"><b>Signature of applicant:</b> .....</p> <p style="text-align: right;"><b>Name:</b> .....</p> <p style="text-align: right;"><b>Date:</b> .....</p>	

# 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:	
<ul style="list-style-type: none"><li>(a) all information supplied by the nominee is complete and correct;</li><li>(b) the nominee had adequate knowledge and was appropriately tested for English Language proficiency.</li></ul>	
Remarks: .....	
_____ ( Name )	_____ ( Signature of responsible Government official )
_____ ( Designation )	Address of Department / Ministry: _____ _____
Official Seal / Stamp:	_____
	Office Telephone number: _____
	Office Fax number : _____
	<b>E mail:</b> _____
<b>Date:</b> _____	

**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.