



Please affix
passport
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**MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)
APPLICATION FOR SHORT COURSES IN MALAYSIA**

FOR OFFICIAL USE ONLY
Reference no.:
Received:
Checked:

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 Country Area Number | *Telefax Country Area Number | *Email | |
| *Person to be contacted in case of emergency, name, telephone and address: | | | |

Please Note: * Compulsory to be filled in by applicant

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 a course in Malaysia.</p> <p>Name of Physician : _____</p> <p>Address of Clinic : _____</p> <p><i>(printed)</i></p> <p>Telephone : _____</p> <p><i>(printed)</i></p> <p>E mail : _____ Date : _____</p> <p>Signature of Physician: _____ Seal of Clinic :</p> | | | |

8. DECLARATION

| | |
|---|--------------------------|
| <p>Have you ever been convicted by a Court of Law of any country ? <i>If yes, please give brief details:</i></p> | <p>Yes / No #</p> |
| <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"> (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; (b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train; (c) Refrain from engaging in political activities, or any form of employment for profit or gain; (d) Submit any progress reports which may be prescribed; and (e) Return to my home country promptly upon the completion of my course of study or training. <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> <div style="text-align: right; margin-top: 20px;"> <p>Signature of applicant:</p> <p>Name:</p> <p>Date:</p> </div> | |

Delete accordingly

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

| | |
|---|--|
| <p>The Government of:</p> | |
| <p>nominates (name of applicant)</p> | |
| <p>For the course under the Malaysian Technical Cooperation Programme and certifies that:</p> | |
| <ul style="list-style-type: none"> (a) all information supplied by the nominee is complete and correct; (b) the nominee had adequate knowledge and was appropriately tested for English Language proficiency. | |
| <p>Remarks:</p> | |
| <p>..... (Name)</p> | <p>..... (Signature of responsible Government official)</p> |
| <p>..... (Designation)</p> | <p>Address of Department / Ministry: </p> |
| <p>Official Seal / Stamp:</p> | <p>.....</p> |
| <p>Date:</p> | <p>Office Telephone number:</p> <p>Office Fax number :</p> <p>E mail:</p> |

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.