



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

**Please affix
passport
photograph**

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:			

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 courses</u>	<u>Name of Training Institute</u>	<u>Year</u>

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"/> Oth 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):	
I certify that the applicant is medically fit to undertake a course in Malaysia.			
Name of Physician	:	_____	
Address of Clinic (printed)	:	_____ _____	
Telephone (printed)	:	_____	
E mail	:	_____	Date : _____
Signature of Physician:		_____	Seal of Clinic :

8. DECLARATION

Have you ever been convicted by a Court of Law of any country ? <i>If yes, please give brief details:</i>	Yes / No #
I certify that my statements in answer 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:-	
(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.	
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.	
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:	
(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.	
Remarks:	
_____	_____
(Name)	(Signature of responsible Government official)
_____	Address of Department / Ministry:
(Designation)	
Official Seal / Stamp:	_____
	Office Telephone number: _____
	Office Fax number : _____
	E mail: _____
Date: _____	_____

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.**