



APPLICATION FOR ATTACHMENT PROGRAMME

APPLICANT INFORMATION		
Name of applicant:		
Organization:	Organization or applicant address:	
Email Address:	Telephone Number:	
Purpose of attachment programme:		
Supervisor's name and address (if you are student):	Email/ Phone Number:	Signature and official stamp:



INFORMATION OF ATTACHMENT PROGRAMME		
Period of attachment programme	Number of people during attachment programme	
Start (Date): End (Date):		
Outcome from this attachment programme		
Declaration by signing forms:	Signature:	Date:
I hereby promise to follow the rules outlined during attachment programme.		

****Please submit this form at least 2 MONTHS prior the date of attachment via email address drhasnah@moe.gov.my or fax to 03-40268281 (Att: Dr. Hasnah Toran).**

****Please attached:**

- a. All the required document: proposal outlining the proposed job scope, verification and insurance letter from the supervisor or employer

<u>Secretariat Review</u>	<u>Signature and official stamp</u>
Approved/ Not Approved Comment:	