Please affix passport size photograph

APPLICATION FORM

COURSE CONDUCTED UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

Please type in capital letters using only English Language. Do not leave any space blank. Use "NIL" or "N/A" where applicable

FOR OFFICIAL USE ONLY

Reference no	:
Received	:
Checked	:
Recommendation by Mission	: ☐ YES ☐ NO

Title of Course:	Date of Course:

1. PERSONAL DETAILS

Family Name (surname):	Date of birth: Day | Month | Year
First Name:	Citizenship:
Other Names:	Gender:
City and country of birth:	Marital status:
Passport No.: Type of Passport: (Diplomatic/Official/Regular) Expiry Date:	Religion:

2. CONTACT DETAILS

Office Address:		Postal / Home Address:
Mobile: Country | Area | Number		Home: Country | Area | Number
Office: Country | Area | Number	Fax: Country | Area | Number	Email:
Person to be contacted in case of emergency:		
Family Name: Relation: Mobile Number: Address: Email:		Office Name: Position: Mobile Number: Address: Email:

NOTE: This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

3. EDUCATION

Name of institution and place of study	Major/Field of study	Years	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:
Type of organization: Government / Semi Government / Private / NGO	Type of organization: Government / Semi Government / Private / NGO

Job description:

Please continue on supplementary pages if necessary

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5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how you hope to benefit from the course.

Please continue on supplementary pages if necessary

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

Name of Programme:

Organiser:

Year:

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

Name of Course:

Name of Training Institute:

Year:

6. ENGLISH LANGUAGE PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : _____

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7. MEDICAL REPORT

Name of Applicant:			
Age:	Gender:	Height: cm	Weight: kg
Blood Pressure:			
Blood Group: ☐ A ☐ B ☐ AB ☐ O ☐ Other ( )			
Any history of surgery?		Is the person examined physically and mentally able to carry out intensive training away from home?	
a) Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases, COVID - 19, etc.)? b) Please attach the vaccine certificate as proof that you have completed the COVID vaccination.		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:	

I certify that the applicant is medically fit to undertake a course in Malaysia.

Name of Physician : _____

Address of Clinic : _____

(printed) _____

Telephone : _____

(printed) _____

Email : _____ Date: _____

Signature of Physician : _____ Seal of Clinic:

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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 willfully 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

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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,
name of the training institute

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 _____
name of the training institute

or incurred or become payable by the Government of Malaysia and/or_____in respect of any
name of the training institute

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
name of the training institute

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.)

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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

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11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION BY THE NOMINATING AGENCY

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 Organization Country code Area code Office tel no.

_____ _____ - _____ - _____
Email address Country code Area code Office tel no.

ENDORSEMENT BY THE MINISTRY OF FOREIGN AFFAIRS

_____
Name

Email Address

(Ministry's Official Stamp)

_____
Designation

_____
Name of Organization

_____
Signature

_____ - _____ - _____
Country code Area code Office tel no.

_____ - _____ - _____
Country code Area code Office tel no.

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