MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

Please affix passport size photograph

APPLICATION FORM (ONLINE) 2023

FOR OFFICIAL USE ONLY

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

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

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

Mailing Address:		Office 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

Please describe briefly your work including your responsibility.

*Please continue on supplementary pages if necessary

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.

5. REASONS FOR APPLYING THIS COURSE

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

Name of Programme:

Organizer:

Year:

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

Name of Course:

Name of Training Institute:

Year:

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

6. ENGLISH LANGUAGE PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : _____

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.

7. 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; and
c) I grant my portrait right license to MTCP, which is to allow MTCP to shoot photographs and/or videos of my participation to the MTCP and utilize them for the public relation materials of MTCP where and when necessary.

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; and
e) 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.

Date Signature of applicant

_____ _____

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.

8. 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, 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 _____ or incurred or become payable by the Government of Malaysia and/or_____in respect of any 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 is appointed by the Government of Malaysia. Dated this___day___of 2023.

Name of training institute

Name of Training Institute

Name of training institute

Name of training institute

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.)

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.

9. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION BY THE NOMINATING AGENCY

On behalf of the Government of _____ (Country), I _____ (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; and
c) 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 NATIONAL FOCAL POINT INCHARGE OF TECHNICAL COOPERATION

_____
Name

_____
Email Address

(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 national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.