



MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)
APPLICATION FORM

PHOTO

(Type or write in block letters)

| | |
|--|---|
| Title of course: ISLAMIC MARKETS PROGRAMME 2010 SECURITIES INDUSTRY DEVELOPMENT CORPORATION | Date of commencement: 4 - 9 July 2010 |
|--|---|

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: <i># Delete accordingly</i> | Religion: |

2. COMMUNICATION AND MAILING ADDRESS

| | |
|---|---|
| Applicant's office address: | Applicant's postal / home address: |
| <hr/> <hr/> <hr/> | |
| E-mail: | |
| Office telephone: (Please include your country & area code e.g. +00603 xxxx xxxx) | Home telephone: (Please include your country & area code e.g. +00603 xxxx xxxx) |
| Country Area Number | Country Area Number |
| Telefax: Area Number | |
| Person to be contacted in case of emergency | |
| Name: | Tel: |
| Address: | |
| <hr/> <hr/> | |

5. REASON FOR APPLYING FOR THIS COURSE

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

Please continue on supplementary pages if necessary

Have you participated in any training programmes in Malaysia before: YES / NO #

| Name of programme | Organiser | Year |
|-------------------|-----------|------|
| | | |
| | | |

Have you participated in any MTCP training programmes in Malaysia before: YES / NO #

| Name of programme | Organiser | Year |
|-------------------|-----------|------|
| | | |
| | | |

Please continue on supplementary pages if necessary

Delete accordingly

6. CERTIFICATE OF ENGLISH LANGUAGE PROFICIENCY

| | Excellent | Good | Fair | Basic | Remarks |
|-----------|-----------|------|------|-------|---------|
| Listening | | | | | |
| Speaking | | | | | |
| Writing | | | | | |
| Reading | | | | | |

Mother tongue:

Language test administered by:

Title:

Address:

Telephone number:

E-mail:

Date and signature:

7. MEDICAL REPORT (to be completed by an authorised physician)

Name of applicant

Age: _____ Height: _____ cm

Sex: _____ Weight: _____ kg

Blood group: A B AB O 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 dental) 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: _____

E-mail: _____

Date: _____

Signature of physician: _____

Seal of clinic: _____

8. DECLARATION

Have you ever been convicted by a court of law in any country? If yes, please give brief details:

Yes / No #

I certify that my statements in answer to the foregoing are true, complete and correct to the best of my knowledge and belief.

If accepted for 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 an authorised physician)*

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:

Telephone number:

Fax number:

Date:

E-mail:

Please note: The application form must be duly completed and endorsed by the Ministry of Foreign Affairs or the relevant agency responsible for the MTCP / SIDC programme in your country.

INCOMPLETE AND/OR UNENDORSED FORMS CANNOT BE PROCESSED.