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MTCP - Colombo Plan Joint Training Courses
APPLICATION FORM (typewriting or block letters)

TITLE OF COURSE: Training Course on Project Planning and Management	Date of Commencement: 7 – 29 October 2010
NAME OF TRAINING INSTITUTION: National Institute of Public Administration (INTAN)	(Applications should be reached Colombo Plan Secretariat on or before 27 August 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:	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	

3. EDUCATION (list in order of time, starting with last institution attended)

Name of institution and place of study	Major field of study	Years of study: from - to	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:
Present salary per month (US Dollars):	Salary per month (US Dollars):
Name of supervisor and title:	Name of supervisor and title:
Type of organization: Government /Semi Government/ Private/ NGO #	Type of Organization Government/ Semi Government/ Private/ NGO #
Main functions of organization:	Main functions of organization:
Total number of employees:	Total number of employees:

Delete accordingly

Description of your work including your responsibility:

Please continue on supplementary pages if necessary

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 MTCP or Colombo Plan training programme before: YES/ NO #

Name of course

Name of Training Institute

Year

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

8. DECLARATION

Have you ever been convicted by a Court of Law of any country? If yes, please give brief details:	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:- <i>(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;</i> <i>(b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;</i> <i>(c) Refrain from engaging in political activities, or any form of employment for profit or gain;</i> <i>(d) Submit any progress reports which may be prescribed; and</i> <i>(e) Return to my home country promptly upon the completion of my course of study or training.</i>	
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 - Colombo Plan Joint 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: _____
Date: _____	E mail: _____

Please note:

This application form must be duly completed and endorsed by the focal point of Colombo Plan in your country. INCOMPLETE AND/ OR UNENDORSED FORMS CANNOT BE PROCESSED.