

**APPLICATION FOR SHORT TERM COURSE IN MALAYSIA  
UNDER THIRD COUNTRY TRAINING PROGRAMME (TCTP)  
& MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)**

Recent Photo  
Colour/Passport  
Size (1 original)

*(Please use capital letters throughout. If not type written)*

Title of Course:

Name of Implementing Agency:

Date of Commencement: (Y/M/D – Y/M/D)

**1. PERSONAL DATA**

Full Name: (as in International Passport)

(Please underline surname)

Date of Birth: (Y/M/D) \_\_\_\_\_ Age:   Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Male  /  Female Country of Birth: \_\_\_\_\_

Marital Status: Single  /  Married

Passport No: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_  
Country Code | Area Code | Number

Fax No: \_\_\_\_\_  
Country Code | Area Code | Number

E-Mail: \_\_\_\_\_

## 2. EMPLOYMENT RECORD

	A: Present Post	B: Previous Post
Name of Employer		
Ministry		
Position/Job Title:		
Address		
Tel No:		
Fax No:		
Years of Service ( from – to)		
Type of organization	Government / Semi Govt./ Private / NGO / <i>others (please state)</i> _____	Government / Semi Govt./ Private / NGO / <i>others (please state)</i> _____

Describe the function and work of your present organization and the service it provides:

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Describe your present job including your responsibility:

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### 3. EDUCATIONAL BACKGROUND

(list in order of time, starting with the last institution attended)

Name of Institution and Country	Major Field of Study	Year Attended (from – to)	Qualification Obtained

### 4. LANGUAGE PROFICIENCY

(please tick where necessary)

#### ENGLISH

	Excellent	Good	Fair	Poor
Listening				
Speaking				
Writing				
Reading				

**MOTHER TONGUE:** \_\_\_\_\_ (please state the language)

	Excellent	Good	Fair	Poor
Listening				
Speaking				
Writing				
Reading				

**OTHER LANGUAGES:** \_\_\_\_\_ (please state the language)

	Excellent	Good	Fair	Poor
Listening				
Speaking				
Writing				
Reading				

Certificate obtained in language (e.g. TOEFL etc):

Name of Certificate	Language	Year Obtained	Name of Institution & Country	Endorsed by (e.g. ministry, international body)

Have you participated in any training programmes, including MTCP, in Malaysia before?

YES / NO

Name of Programme	Organizer	Year

Have you participated in any JICA programmes, including TCTP before?

YES / NO

Name of Programme	Organizer	Year

Please explain how the proposed training programme will be benefit to you in the work you will be doing on your return

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Name & Address of a relative/friend in Malaysia:

Name :	
Address :	
Tel No :	
Fax No :	

Name & Address of person to be notified in any emergency:

Name :	1.	2.
Address :		
Fax No :		

## 5. DECLARATION :

Have you ever been convicted by a Court of Law of any country?  Yes /  No  
If yes, please give brief detail:

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

I accepted for the 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 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 report 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: \_\_\_\_\_

**6. OFFICIAL DECLARATION (to be completed by the nominating government)**

The government of \_\_\_\_\_

Nominates \_\_\_\_\_

for the course under the Third Country Training Program (TCTP) – Malaysian Technical Training Programme (MTCP) and certifies that:

(a) all information supplied by the nominee is complete and correct

\_\_\_\_\_  
(Name of official)

\_\_\_\_\_  
(signature of responsible government official)

\_\_\_\_\_  
(Designation)

Address of Department / Ministry:  
\_\_\_\_\_  
\_\_\_\_\_

Official Seal / Stamp

Tel No : \_\_\_\_\_

Fax No : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Date: \_\_\_\_\_

Note 1: This application form must be duly completed and endorsed by the Ministry of Foreign Affairs or the relevant ministry or agency responsible for the MTCP/TCTP programme in your country. INCOMPLETE AND/ OR UNENDORSED FORMS CANNOT BE PROCESSED.

Note 2: A Medical Report must be attached to this application form. Participant is required to undergo a medical check up and be certified fit. The medical report that accompanies the application form must be certified by the Panel Doctors of Representatives (Embassies, High Commissions etc) of the Malaysian Government in the country concern. If there is no Malaysian Representatives in the country concerned and the medical report has been prepared by the private practitioner, the medical report must be certified by the government doctor in the country concerned.

**MEDICAL HISTORY AND EXAMINATION FOR JICA-MTCP TRAINING AWARD**

**( TO BE COMPLETED BY NOMINEE)**

Name of Nominee (as in International Passport)		
Date of Birth	Gender: Male / Female	Nationality

Name of Training Course: \_\_\_\_\_

**IMPORTANT:** Before you complete the Medical History, you are hereby notified that:  
A medical condition resulting from an undisclosed pre-existing condition may not be financially compensated for by JICA and may result in termination of your training programme.

I understand and accept the terms to notice  YES /  NO

**NOMINEE WILL CHECK "YES" OR "NO" AND EXPLAIN WHERE NECESSARY**

	YES	NO		EXPLANATION
a)			Have you had any significant or serious illness or injury? (If hospitalized, give place & dates)	
b)			Have you had any operations or advised by physician to have an operation? (Give place & date)	
c)			Do you currently use any drugs for treatment of a medical condition? (Give name & dose)	
d)			Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist (Give place & date)	

**NOMINEE WILL INDICATE "YES" OR "NO" TO EACH ITEM**

Do you now have or have you ever had the conditions listed below? (Please tick)

	YES	NO	CONDITION
a)			Asthma, emphysema, or other lung conditions
b)			Tuberculosis or live with anyone who has tuberculosis
c)			High blood pressure, heart disease
d)			Stomach, liver (hepatitis), gall bladder disease
e)			Kidney or bladder disease, stone or blood in urine
f)			Diabetes (sugar in urine)
g)			Depression, excess worry, attempted suicide, or other psychological symptoms
h)			Acquired Immune Deficiency Syndrome (AIDS)
i)			Tumor, abnormal growth, cyst or cancer
j)			Bleeding disorder, blood disease (sickle cell anemia)

I CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND ANSWERED ALL QUESTIONS TRULY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE

NAME :

DATE:

SIGNATURE:

\_\_\_\_\_

**MEDICAL REPORT**  
(to be completed by an authorized physician)

Name of applicant:			
Age:	Gender:	Height:	Weight:
Blood group:		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 disease (AIDS, tuberculosis, trachoma, skin diseases, SARS 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 result ( for women only ):			

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

Name of Physician: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. / Fax No.: \_\_\_\_\_

E-Mail add: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Seal/Stamp of Clinic/Hospital: \_\_\_\_\_