KEMENTERIAN SUMBER MANUSIA

INSTITUT KESELAMATAN DAN KESIHATAN PEKERJAAN NEGARA

NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH (243042-U)

BORANG PERMOHONAN PEPERIKSAAN

EXAMINATION APPLICATION FORM

TEL : 03 - 8911 3904/ 3924/ 3910/ 3906/ 3911/ 3903 FAX : 03 - 8922 3143

URL : www.niosh.com.my

NIOSH National Institute of Occupational Safety and Health

*** SILA TULIS DENGAN JELAS DALAM HURUF BESAR MENGGUNAKAN PEN DAKWAT HITAM.** ***PLEASE WRITE CLEARLY IN CAPITAL LETTERS USING BLACK BALL PEN.***

MAKLUMAT PEMOHON *APPLICANT'S INFORMATION*

NAMA PEPERIKSAAN
EXAMINATION NAME

TARIKH PEPERIKSAAN
EXAMINATION DATE

	DD	MM	YYYY
KERTAS 1 *PAPER 1*	/	/	
KERTAS 2 *PAPER 2*	/	/	
KERTAS 3 *PAPER 3*	/	/	
KERTAS 4 *PAPER 4*	/	/	
LAIN-LAIN PEPERIKSAAN *OTHER EXAMINATION*	/	/	

TEMPAT PEPERIKSAAN
EXAMINATION VENUE

NAMA
NAME

MYKAD/ PASPORT
MYKAD / PASSPORT

JANTINA *GENDER* ☐ **PEREMPUAN** *FEMALE* ☐ **LELAKI** *MALE*

WARGANEGARA
NATIONALITY

SILA TANDA (✓) PADA ALAMAT UNTUK KEGUNAAN KORESPONDEN (SURAT TAWARAN, SIJIL DAN LAIN-LAIN)
PLEASE TICK (✓) THE ADDRESS USED FOR CORRESPONDENCE (OFFER LETTER, CERTIFICATE AND ETC)

ALAMAT RUMAH ☐
HOME ADDRESS

ALAMAT SURAT-MENYURAT
MAILING ADDRESS

BANDAR
CITY

POSKOD
POSTCODE

NEGERI
STATE

ALAMAT PEJABAT ☐
COMPANY ADDRESS

NAMA SYARIKAT
COMPANY NAME

ALAMAT SURAT-MENYURAT
MAILING ADDRESS

BANDAR
CITY

POSKOD
POSTCODE

NEGERI
STATE

E-MEL
E-MAIL

NO. TELEFON
TELEPHONE NO.

NO. FAKS
FACSIMILE NO.

NO. TELEFON BIMBIT
HANDPHONE NO.

KELAYAKAN TERTINGGI
HIGHEST QUALIFICATION

☐ **SPM/ MCE** ☐ **SPMV** ☐ **DIPLOMA** ☐ **IJAZAH SARJANA MUDA** *BACHELOR'S DEGREE*

☐ **IJAZAH SARJANA** *MASTER'S DEGREE* ☐ **DOKTOR FALSAFAH (PhD)** *DOCTOR of PHILOSOPHY (PhD)*

☐ **LAIN-LAIN, SILA NYATAKAN** *OTHERS , PLEASE SPECIFY* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NO. INDEKS
INDEX NO.
(Jika Berkaitan** *If applicable)**

☐☐☐☐☐☐ **CONTOH** *EXAMPLE* E A S 1 0 0

YURAN PEPERIKSAAN
EXAMINATION FEE

R M ☐☐☐☐☐ . ☐☐

KAEDAH PEMBAYARAN
PAYMENT METHOD

☐ **TUNAI** *CASH* ☐ **KIRIMAN WANG** *MONEY ORDER* ☐ **DRAF BANK** *BANK DRAFT*

☐ **KAD KREDIT** *CREDIT CARD* ☐ **BAYARAN SECARA ONLINE (MAYBANK2U)** *ONLINE PAYMENT (MAYBANK2U)* ☐ **PESANAN KERAJAAN (LO)** *LOCAL ORDER (LO)*

☐ **CEK** *CHEQUE* **NO. CEK** *CHEQUE NO.* ☐☐☐☐☐☐☐☐

☐ **SILA HANTARKAN INVOIS KE SYARIKAT SAYA**
PLEASE SEND THE INVOICE TO MY COMPANY

(PERHATIAN KEPADA *ATTENTION TO* _____ **) ***

*** Jika memerlukan invois** *If invoice is required*

SAYA MENGAKU SEGALA KENYATAAN DI ATAS ADALAH BENAR DAN LENGKAP
I HEREBY CERTIFY THAT ABOVE STATEMENTS ARE TRUE AND COMPLETE

TARIKH *DATE* *DD* ☐☐ / *MM* ☐☐ / *YYYY* ☐☐☐☐

TANDATANGAN PEMOHON
APPLICANT'S SIGNATURE

PENTING *IMPORTANT*

I. **BAYARAN DAN SALINAN DOKUMEN (SALINAN SIJIL KEHADIRAN KURSUS SHO DAN SIJIL AKADEMIK) PERLU DISERAHKAN BERSAMA DENGAN PERMOHONAN INI.**
PAYMENT AND COPY OF DOCUMENT (CERTIFICATE OF SHO COURSE ATTENDANCE AND ACADEMIC CERTIFICATE) HAS TO BE SUBMITTED TOGETHER WITH THIS APPLICATION.

II. **SILA PASTIKAN CEK DIBAYAR ATAS NAMA "NIOSH". NO. AKAUN NIOSH : 5122 6840 2410 (MAYBANK, CAWANGAN BANDAR BARU BANGI).**
PLEASE ENSURE CHEQUE PAYABLE TO "NIOSH". NIOSH ACCOUNT NO. : 5122 6840 2410 (MAYBANK, BANDAR BARU BANGI BRANCH).

III. **NIOSH BERHAK UNTUK MENOLAK PERMOHONAN YANG TIDAK LENGKAP.**
NIOSH HAS THE RIGHT TO REJECT INCOMPLETE APPLICATION.