



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونسيفيتي إسلام، ابتكاراً، إيماناً، إخساراً، مخلصيناً

MANAGEMENT SERVICES DIVISION

NOMINATION FORM FOR EXTERNAL TRAINING FOR ADMINISTRATIVE AND TECHNICAL STAFF

Part A : PARTICULARS OF TRAINING PROGRAMME

TITLE : _____
 ORGANISER : _____
 VENUE : _____
 COURSE DATE : _____ FEE: RM _____ (USING K/C/D BUDGET)

Part B : STAFF PERSONAL DETAILS

NAME : _____
 POST : _____ STAFF NO: _____
 KULL./DEPT. : _____ YEAR OF SERVICE: _____
 EMAIL : _____ TEL. NO: _____
 NO. OF TRAINING PROGRAMME ATTENDED THIS YEAR: _____

Part C : RECOMMENDATION BY DEAN/ DIRECTOR OF K/C/D/I/O

I recommend for the above staff member to attend the training programme because: _____

 SIGNATURE

NAME : _____ DATE: _____

FOR MSD OFFICIAL USE

Part D : RECOMMENDATION BY THE SECRETARIAT

YES NO COMMENT: _____

 SIGNATURE

DATE: _____

Part E : APPROVAL

I APPROVE / DO NOT APPROVE THE NOMINATION: _____

 SIGNATURE

 OFFICIAL STAMP

Date : _____

