



KULLIYAH OF DENTISTRY  
 INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

**HONORARY / PART TIME LECTURER / EXTRA TEACHING**

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

NAME : \_\_\_\_\_ H/P NO: \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_

**LECTURES / TUTORIAL/ SEMINAR / CASE PRESENTATION / BEDSIDE TEACHING**

RATE /HOUR: \_\_\_\_\_ / PER HOUR

NO	SUBJECT	DATE	TIME		TOTAL HOUR	RM
			FROM	TO		

I affirm that the above claims are true

I certify that the claim is correct

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Staff No : \_\_\_\_\_

(Head of Dept/ Deputy Dean)

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

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

Stamp : \_\_\_\_\_

I certify that the claim is correct

Signature : \_\_\_\_\_

(Dean)

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

Stamp : \_\_\_\_\_