



**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: _____

No. of training programme attended this year : _____

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

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 : _____