

MM MATRIX INTEGRITY (M) SDN BHD



No 32A, Jalan Perindustrian Suntrack, 962073-H
Hub Perindustrian Suntrack, Off Jalan P1A,
Seksyen 13, 43650 Bandar Baru Bangi, Selangor
Tel: 03-8922 9266 / 017-875 5097 / 012-240 7758
Fax: 03-8922 9266

Emails: matrixintegrity@gmail.com / biz@matrixintegrity.com
Websites: www.matrixintegrity.com / www.uwec.com.my

APPLICATION FORM CHECK LIST

Name of Program: "Underwater Welding Engineering"

(Please read the instructions carefully before applying)

PHOTO

1. PERSONAL PARTICULARS

Name: _____ NRIC No.: _____

Gender/Jantina (Circle one): Male / Lelaki , Female / Perempuan

Marital Status: _____ Date of Birth : _____
Date - Month — Year

Passport No.: _____ Date & Place of Issue: _____ Valid Till: _____

	Office	Home
Address:		
Post code		
Tel No.		
Mobile		
Fax:		
E-mail:		

Persons to be notified in case of Emergency

	Official Contact	Personal / Family Contact
Name:		
Address:		
Post Code		
Tel Nos.		
Mobile/Cell:		
Fax:		
E-mail:		

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Family Details:			
Name of Father:		Occupation:	
Name of Mother:		Occupation:	
Educational Qualifications			
Degree / Diploma / Certificates	Year	Name of Educational Institute	
1.			
2.			
3.			
4.			
Professional Qualifications, if any:			
Professional Qualification(s)	Year	Name of Institute	
1.			
2.			
3.			
4.			
2. DETAILS OF EMPLOYMENT/ PROFESSION (CURRENT & PREVIOUS)			
Name of Employer / Department / Company	Position	Period	Description of work
1.			
2.			
3.			
4.			
Are you an employee of: mark appropriate			
a. Government	b. Semi-government	c. Others	
Details of present Employer:			
Name / address:			
<input type="checkbox"/> Tel no: _____ <input type="checkbox"/> E-mail: _____			

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3. HAVE YOU EVER ATTENDED A COURSE SPONSORED BY THE GOVERNMENT?

CIRCLE ONE YES/NO

If answer to 3 is yes, give details of the course below:

4. DETAILS OF COURSE(S) ATTENDED, IF ANY

Country	Course Details & Duration	Year	Sponsor/Programme

5. PLEASE DESCRIBE IN YOUR OWN WORDS (IN ABOUT 100 WORDS) AT THE END OF THIS FORM (A) QUALIFICATION/EXPERIENCE RELATED TO THE PROGRAM APPLIED FOR.

6. CERTIFICATION OF ENGLISH/BAHASA MALAYSIA PROFICIENCY

Please tick	Good	Basic	Remarks
English			
Bahasa Malaysia			
Spoken			
Written			

Mother tongue / Native language: _____

Other language(s), if any: _____

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IMPORTANT NOTICE

- a) Please read the form carefully. The application will be automatically rejected if any column is inaccurate, incomplete or blank.
- b) Declaration by the candidate and the recommendations from employer, if any, are compulsory pre-requisites.
- c) Working knowledge of the English language or Malay language is a pre-requisite.
- d) Candidates who leave the portfolio development midway for personal reasons without prior permission of the Ministry of Human Resources or remain absent from the program without sufficient reasons will not be issued any certificate.

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UNDERTAKING BY THE APPLICANT

I, _____
(Name, Middle name, Family name)

NRIC _____ certify that the information provided by me in this form is true, complete and correct.

I also certify that:

- i. I have read the rules and regulations governing PPT.
- ii. I have sufficient knowledge of English and Bahasa Malaysia to participate in the portfolio development program.
- iii. I am medically fit to participate and have submitted a medical certificate from the designated doctor.
- iv. I have not attended any PPT program previously.
- v. I have not applied for nor am required to attend any other development process.

If accepted for the Portfolio Development PPT Program, I undertake to:

- i. Comply with the instructions and abide by Rules, Regulations and guidelines as may be stipulated by both the nominating and sponsoring Government.
- ii. Follow the full and complete portfolio development and abide by the Rules of the Skills Development Department in which I undertake.

Date:

Place:

(SIGNATURE OF THE APPLICANT)

Name: _____

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PLEASE DESCRIBE IN YOUR OWN WORDS (IN ABOUT 100 WORDS) THE QUALIFICATION / EXPERIENCE YOU HAVE THAT IS RELATED TO THE PROGRAM APPLIED FOR:

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Attach together along with this application the following:

- Colour Photocopy of NRIC (both sides on single page)
- Letter from employer certifying your employment and duties.

If less than 2 years working experience with present company, please furnish details of the last company.

- SSM certified by Commissioner of Oaths (if self-employed)
- Driving licence
- Certificates, testimonials and letters of support with regards to your job.