SCHOLARSHIP DIVISION
MINISTRY OF HIGHER EDUCATION
LEVEL 2, NO. 2, TOWER 2
JALAN P5/6, PRECINCT 5
FEDERAL GOVERNMENT ADMINISTRATION CENTRE
62200 PUTRAJAYA

APPLICATION FORM FOR PRACTICAL TRAINING

Please ensure that this form is completed and all the relevant documents indicated in the terms and conditions on page 1 are enclosed. Incomplete forms and/or documents will not be processed.

TERMS AND CONDITIONS FOR PRACTICAL TRAINING ALLOWANCE

a) The place for practical training must be outside a radius of 25 km from the University.

b) Maximum duration for practical training is 90 days. The allowance will be paid according to number of days of the practical training (exclusive weekend and public holiday).

c) Original copy of the ticket, invoice and receipt must be enclosed.

PART A. (TO BE COMPLETED BY THE APLLICANT)

PERSONAL DETAILS

Name : ……..……

No. Passport : ……..….. **Student No.** : ……

Country : ……..……

Address : ……..……

……

Phone No. : ……

Faculty/ University : ……

Level of Study/ Course : ……

Year of Study/ Session : ……

PART B. (TO BE COMPLETED BY THE APPLICANT)
DETAILS OF PRACTICAL TRAINING

Field of Research/ Training	**: ……**
Name and Address of the Organisation/ Place of Training	**: ……** **……**
Duration of Practical Training/ research	**: …… until ……**
The distance from the university to the place of training/ research	**: …… km**

I certify that the information given in this application is true. If the information is found untrue, the Scholarship Division, Ministry of Higher Education has the right to reject the application for the payment of practical training/ research allowance.

……..
(Signature)

Date: Name:

PART C. (TO BE COMPLETED BY THE ORGANISATION/ PLACE OF PRACTICAL TRAINING)
CERTIFICATION BY THE ORGANISATION

This is to certify that …….…… (Passport No : ……..……..)

has undergone * practical training/ research in ……..

from …… to …… for ……. days.

Date: ……

(signature)
Name and Official Seal/ Stamp

PART D (TO BE COMPLETED BY THE ADVISOR/ SUPERVISOR)
CERTIFICATION BY SUPERVISOR

This is to certify that the above said * practical training/ research is compulsory to the applicant and is a part of the curriculum. I also certify that all information given by the applicant are true.

Date: ……..…

(signature)
Name and Official Seal/ Stamp

PART E (FOR OFFICE USE)
SCHOLARSHIP DIVISION

The application is * granted/not granted.

Note: ……

Amount of Allowance granted is RM ……..

Date: ……..

(signature)
Name and Designation

* Delete whichever is not applicable