



La Oficina de Becas Internacionales de la Dirección General de Cooperación Internacional, pone en su conocimiento que la Embajada de Malasia ofrece el curso "**Crisis Management**", a realizarse entre el 4 y el 22 de junio de 2012, en Malasia.

Los interesados deberán presentar para su postulación en esta DGCIN antes del 17 de abril: CV, fotocopia de DNI, título y analítico, además del formulario por triplicado y firmado por el médico y el instituto que certifique nivel de inglés. Adjuntar también nota de presentación sobre la capacidad de replicar la capacitación obtenida en la comunidad donde uno está inserto.

Para mayor información sobre el curso, visitar el sitio web www.idfr.gov.my



Please affix
passport
photograph

MALYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP) APPLICATION FOR SHORT COURSES IN MALAYSIA

FOR OFFICIAL USE ONLY
Reference no.:
Received:
Checked:

APPLICATION FORM (Typewriting or block letters)

| | |
|--------------------------------|-----------------------|
| TITLE OF COURSE : | Date of commencement: |
| NAME OF TRAINING INSTITUTION : | |

1. PERSONAL DATA

| | |
|---------------------------|--|
| *Family name (surname) | *Date of birth Day Month Year |
| *First Name | Nationality (citizenship) : |
| Other names | Gender: Male / Female # |
| City and country of birth | Marital status: Single / Married / Divorced / Widowed # |
| *Passport No: | Religion: |

Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

| | | | |
|--|-------------------------------------|--|--|
| Applicant's Office Address: | | Applicant's Postal / Home Address: | |
| | | *Home telephone Country Area Number | |
| *Office telephone Country Area Number | *Telefax Country Area Number | *Email | |
| *Person to be contacted in case of emergency, name, telephone and address: | | | |

Please Note: * Compulsory to be filled in by applicant

7. MEDICAL REPORT (to be completed by an authorized physician)

| | | | |
|---|-------------|---|---------------------------|
| Name of Applicant: | | | |
| Age: | Sex: | Height: cm | Weight: kg. |
| Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other () | | | |
| Blood Pressure: | | | |
| Is the person examined at present in good health? | | Is the person examined physically and mentally able to carry out intensive training away from home? | |
| Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.) ? | | Does the person examined have any condition or defect (including teeth) which might require treatment during the course? | |
| List any abnormalities indicated in the chest X ray. | | Pregnancy Test (for women): | |
| <p>I certify that the applicant is medically fit to undertake a course in Malaysia.</p> <p>Name of Physician : _____</p> <p>Address of Clinic : _____</p> <p><i>(printed)</i></p> <p>Telephone : _____</p> <p><i>(printed)</i></p> <p>E mail : _____ Date : _____</p> <p>Signature of Physician: _____ Seal of Clinic :</p> | | | |

8. DECLARATION

| | |
|--|-------------------|
| Have you ever been convicted by a Court of Law of any country ? <i>If yes, please give brief details:</i> | Yes / No # |
| <p>I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.</p> <p>If accepted for a training award, I undertake to:-</p> <ul style="list-style-type: none">(a) Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;(b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;(c) Refrain from engaging in political activities, or any form of employment for profit or gain;(d) Submit any progress reports which may be prescribed; and(e) Return to my home country promptly upon the completion of my course of study or training. <p>I also fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.</p> <p style="text-align: right;">Signature of applicant:</p> <p style="text-align: right;">Name:</p> <p style="text-align: right;">Date:</p> | |

Delete accordingly

9. OFFICIAL DECLARATION (to be completed by the nominating government)

| | |
|--|---|
| The Government of: | |
| nominates | |
| (name of applicant) | |
| For the course under the Malaysian Technical Cooperation Programme and certifies that: | |
| <ul style="list-style-type: none">(a) all information supplied by the nominee is complete and correct;(b) the nominee had adequate knowledge and was appropriately tested for English Language proficiency. | |
| Remarks: | |
| _____ (Name) | _____ (Signature of responsible Government official) |
| _____ (Designation) | Address of Department / Ministry: _____ _____ |
| Official Seal / Stamp: | _____ |
| | Office Telephone number: _____ |
| | Office Fax number : _____ |
| | E mail: _____ |
| Date: _____ | |

Please note: This application form must be duly completed and endorsed by the Ministry of Foreign Affairs or the relevant agency responsible for the MTCP programme in your country. INCOMPLETE AND/OR UNENDORSED FORMS CANNOT BE PROCESSED.