

**MINISTRY OF HIGHER EDUCATION MALAYSIA**

ENTREPRENEURSHIP & PUBLIC-PRIVATE RESEARCH NETWORK UNIT

LEVEL 13, NO. 2, TOWER 2

P5/6 AVENUE, PRECINCT 5

62200 WILAYAH PERSEKUTUAN PUTRAJAYA

 Tel: 03-8870 5101/5110 Faks: 03-88706900 Laman web: www.mohe.gov.my

**Lampiran B**

**APPLICATION FORM**

**ENTREPRENEURIAL LEADERS PROGRAM (ELP): DEVELOPING MANAGERS AS ENTREPRENEURIAL LEADERS**

**DATE : 2 - 8 DECEMBER 2017**

**VENUE : PUTRAJAYA SHANGRI-LA**

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| **A. PERSONAL PARTICULARS** |
| **NAME:*****(Full name as in NRIC)*** |
| **NRIC NO.: *(New)*** |
| **DATE OF BIRTH:** (day/month/year) **AGE** : |
| **GENDER: *Male*** ( ) ***Female*** ( ) \*Please tick {√} |
| **MARITAL STATUS: *Single***( ) ***Married*** ( ) ***Others*** ( ) \*Please tick {√} |
| **PERMANENT ADDRESS:** |
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| **B. SERVICE PARTICULARS** |
| **POSITION**:  **GRADE** : (e.g. DS54) |
| **DATE OF APPOINTMENT:** (day/month/year) |
| **DATE CONFIRMED:** (day/month/year) |
| **STATUS OF APPOINTMENT:** *Permanent* ( ) ***Contract*** ( ) \*Please tick {√} |
| **NAME AND ADDRESS OF ORGANIZATION**: |
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| **CONTACT NO**.: ***Office:*** ***Fax No.*** |
|  ***Mobile:*** ***Email:*** |
| **NAME ON LINKEDIN PROFILE:** |

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| **C. ACADEMIC QUALIFICATION** |
|  University/Institution | Major Field of Study | Degree/Master/PHD | Year |
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| **D. TRAINING / SEMINAR** (last 2 years only) |
| University/Institution/Organization | Major Field of Training/Seminar | Year |
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| **E. PRESENT JOB DUTIES / ACTIVITIES** |
| (State your present job duties and other activities relevant to the course) |

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| **F. STATEMENT OF MOTIVATION** |
| 1. Briefly describe your objective and reason for applying this course.1. How do you think your skills and experience would contribute to the development of entrepreneurship in your institution?
2. What do you want to achieve in next 5 years?
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| **G. MEDICAL DECLARATION** | **YES** | **NO** |
| I hereby declare that: (please tick {√} or {×})1. I have read carefully the course information and declare that I have the physical and mental fitness to attend course;
2. I have had no serious health conditions during the last 5 years and am free from any ailment likely to impair the health of others or affect my participation in course;
3. I understand that neither Ministry of Higher Education nor the implementing institution shall be liable for any medical or other cost incurred during the course.
4. I shall bring with me the necessary medicine for minor illness as prescribed by my physician since they may not be readily available at the venue of the above course.
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| **H. PEOPLE THAT MAY BE CONTACTED DURING EMERGENCIES** |
| **NAME:** |
| **RELATIONSHIP:** |
| **CONTATC NO**.: ***Home:*** ***Mobile:*** |
| **ADDRESS:** |
|  |
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| **I. DECLARATION BY CANDIDATE** |
| I hereby declare that information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the course even when it progress.I hereby also undertake to abide by the regulations prescribed by the Ministry of Higher Education, the host institution(s) during the entire course, and to participate fully in it. Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Name : Official stamp: |