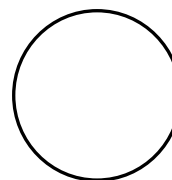




**INSTITUTE OF CLIMATE ADAPTATION AND
 MARINE BIOTECHNOLOGY
 UNIVERSITI MALAYSIA TERENGGANU
 21030, KUALA NERUS
 TERENGGANU**
 Phone: +609-6683661, Fax: +609-6683105



**BORANG LAPOR DIRI LATIHAN INDUSTRI
 INTERNSHIP REPORTING FORM**

Butiran Pemohon / <i>Details of Applicant:</i>			
Nama Name			
No. Telefon Phone no.		ID. pelajar Student ID.	
Email			
Tarikh mula penggunaan makmal (dari)/ Date of usage (from)		Hingga (to)	
Nama Waris Emergency contact name			
No. Telefon Waris Emergency contact no.			
Alamat pemohon Address of applicant			

Butiran Institusi / <i>Details of Institution:</i>			
Institusi Institution			
Alamat Institusi Institution Address			
Bidang Pengajian Program Course			
No. Telefon Phone no		Email	
Tarikh/ Date			

Butiran Penempatan dan Penyelia Details of Institution and Supervisor			
Institusi Institution			
Penempatan/ nama makmal Location / laboratory			
Nama Penyelia Supervisor's Name			
No. Telefon Phone no.		Email	
Tandatangan Penyelia Supervisor's Signature			
Cap Rasmi Official Stamp			
Tarikh Date			

Dengan menandatangani borang ini, saya mengaku butiran dan maklumat yang diisi adalah benar, dan akan mematuhi segala peraturan dalam garis panduan yang berkuatkuasa di jabatan ini.

By signing this form, I acknowledged the details provided are legit and will follow all the rules and requirements enforced by this department.

Tandatangan Pemohon
Signature of Applicant

Disahkan oleh Penyelia
Authorized by Supervisor

Tarikh/**Date**:

Nama/cap:
Name/Stamp:
Tarikh/**Date**:

Pengesahan Jabatan / Department Approval			
Nama Pegawai Officer's Name			
No. Telefon Phone no		Email	
Tandatangan Pegawai Officer's Signature			
Cap Rasmi Official Stamp			
Tarikh/ Date			