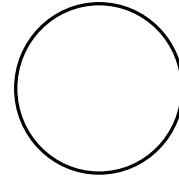




**INSTITUTE OF CLIMATE ADAPTATION AND
MARINE BIOTECHNOLOGY
UNIVERSITI MALAYSIA TERENGGANU
21030, KUALA NERUS
TERENGGANU**
Phone: +609-6683661, Fax: +609-6683105



**BORANG PERMOHONAN LATIHAN INDUSTRI
INTERNSHIP APPLICATION FORM**

Butiran Pemohon / <i>Details of Applicant:</i>	
Nama Name	
No. Telefon Phone no.	
Email	
Institusi Institution	
Bidang Pengajian Program Course	
Jangkaan Tarikh Latihan/ Expected training date	
Tempoh Latihan (minggu)/ Duration (weeks)	

Skop Latihan/ Training scope	
	<i>Natural Product and Marine Microbes</i>
	<i>Molecular Immunology and Physiology</i>
	<i>Bioinformatics</i>
	<i>Animal and Environmental Adaptation</i>
	Lain-lain bidang bioteknologi yang berkaitan (perlu dinyatakan)

Please state your specific domain of interest for training at ICAMB base on the training scope above:

.....

Tandatangan Pemohon
Signature of Applicant

Tarikh/**Date:**

Notes:

Candidates are required to attach the following documents:

	<i>Resume</i>
	<i>Official application letter from your respective institution</i>
	<i>Cover letter</i>
	<i>Latest transcript (optional)</i>

For further information, please contact:

Internship coordinator:
Phone No.: +609 6683603

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