



PROGRAMME APPLICATION FORM
(BORANG PERMOHONAN PROGRAM)
Iron and Steel Industry Training Programme

CONFIDENTIAL

MALAYSIA STEEL INSTITUTE

PERSONAL DETAILS/ MAKLUMAT PERIBADI

Applicant Name: <i>Nama Pemohon:</i>		<div style="border: 2px solid black; width: 150px; height: 120px; margin: auto; text-align: center;">PHOTO GAMBAR</div>
Identification Card: <i>No. Kad Pengenalan:</i>		
Home Address: <i>Alamat Rumah:</i>		
Bank Name: <i>Nama Bank:</i>	Branch Location: <i>Lokasi Cawangan:</i>	Account Number: <i>Nombor Akaun:</i>
Home Telephone: <i>Telefon Rumah:</i>	Mobile Phone: <i>Telefon Bimbit:</i>	Email: <i>Emel:</i>
Date of Birth: <i>Tarikh Lahir:</i>	Place of Birth: <i>Tempat Lahir:</i>	Age: <i>Umur</i>
Religion: <i>Agama:</i>	Race: <i>Keturunan:</i>	Nationality: <i>Warganegara:</i>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Others _____ <i>Taraf Perkahwinan: Bujang <input type="checkbox"/> Berkahwin <input type="checkbox"/> Bercerai <input type="checkbox"/> Lain-Lain _____</i>		Gender: <i>Jantina:</i>
Spouse Name: <i>Nama Pasangan:</i>	Occupation: <i>Pekerjaan:</i>	No. Of Children: <i>Bilangan Anak:</i>

EMERGENCY CONTACT PERSON/ ORANG YANG DIHUBUNGI KETIKA KECEMASAN

Name: <i>Nama:</i>	Relationship: <i>Hubungan:</i>	Telephone No: <i>No. Telefon:</i>
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HEALTH RECORD/ REKOD KESIHATAN

Are you pregnant: <i>Adakah anda hamil:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ya <input type="checkbox"/> Tidak	Ever Hospitalized: <i>Pernah dimasukkan ke Hospital:</i>
Do you have any health problem?: <i>Adakah anda mengalami masalah kesihatan?:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ya <input type="checkbox"/> Tidak	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ya <input type="checkbox"/> Tidak
Illness (Operation/Accident): <i>Penyakit (Pembedahan/ Kemalangan):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ya <input type="checkbox"/> Tidak	Duration of Treatment: _____ <i>Tempoh Dirawat: _____</i>
Covid-19 Vaccination Date (Tarikh Vaksin Covid-19): Yes / No (Ya /Tidak) 1st dose date (Tarikh dos pertama): 2nd dose date (Tarikh dos kedua):		

EDUCATION DETAILS/ MAKLUMAT AKEDEMIK

Shchool/Institute/University (Sekolah/Institut/Universiti)	Cert/Diploma/Degree (Sijil/Diploma/Ijazah)	Field (Bidang)	Duration (Tempoh)	Result (Keputusan)

Please indicate competency in language [B = basic, I = intermediate, F = fluent]
(Sila nyatakan kecekapan dalam bahasa [A = asas, S = sederhana, F = fasih])

Language/ Dialects (Bahasa/ Dialek)	Spoken (Percakapan)	Read (Pembacaan)	Written (Penulisan)

CURRENT & PREVIOUS EMPLOYMENT/ PEKERJAAN SEKARANG & DAHULU

Company (Syarikat)	Position (Jawatan)	Reason for leaving (Sebab Berhenti)	From (Dari) MM/YY	To (Ke) MM/YY	Basic Salary/ Allowances (Gaji/ Elaun)

REFERENCES/ RUJUKAN

List two references below. Relatives should not be included

Senaraikan dua rujukan di bawah. Saudara-mara tidak boleh dimasukkan

Name/ Nama	Company/ Syarikat	Telephone/ Telefon	Designation/ Jawatan	Relationship/ Hubungan

DECLARATION/ PERAKUAN

I declare that all above information is true and complete and I am liable to disciplinary action conducted against me for falsifying or not declaring any of the above information required. I understand that my employment is subjected to my passing the medical examination conducted by **Malaysia Steel Institute (MSI)**. False or inaccurate information given will render any subsequent employment contact null and void.

Saya mengaku bahawa semua maklumat di atas adalah benar dan lengkap dan saya bertanggungjawab terhadap tindakan tatatertib yang dijalankan terhadap saya kerana memalsukan atau tidak mengisytiharkan mana-mana maklumat diatas yang diperlukan. Saya fahan bahawa pekerjaan saya tertakluk kepada lulus ujian perubatan yang dijalankan oleh **Malaysia Steel Institute (MSI)**. Maklumat palsu atau tidak tepat akan menyebabkan sebarang kontrak pekerjaan berikutnya tidak sah.

Signature of Applicant/ Tandatangan Pemohon

Date/ Tarikh

FOR OFFICE USE/ UNTUK KEGUNAAN PEJABAT

Position/ Jawatan

Date Join/ Tarikh mula program

Allowance/ Elaun

