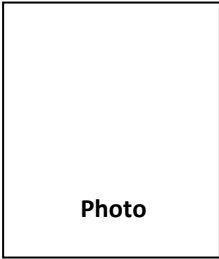




UNIVERSITI KEBANGSAAN MALAYSIA
JALAN YAACOB LATIF, BANDAR TUN RAZAK
56000 CHERAS, KUALA LUMPUR, MALAYSIA
TEL: +603-9145 5029 FAX: +603-9145 6655



APPLICATION FOR ELECTIVE POSTING

A. PARTICULARS OF APPLICANT

Name: Mr/Mrs/Miss
(In BLOCK LETTERS as written in passport)

Other Name:
(If any, including maiden name)

Age: Sex: Citizenship:

Type of Passport: Passport No:

Postal Address:

.....
.....

Tel. No: Fax No: E-mail:

Next of Kin:

Address of Next of Kin:

.....
.....

Tel: Fax:

Expected date of arrival:

B. BACKGROUND OF MEDICAL EDUCATION

Name and address of parent medical school:

.....
.....

Year of study:

Expected date of graduation:

Indicate briefly your clinical experience to date (if any):

.....
.....
.....

(If space is insufficient, please write on a different sheet)

C. PARTICULARS OF ELECTIVE POSTING REQUESTED

Overall period of attendance as elective posting:

From: **To:** (**weeks**)

(Total length of the posting **must not exceed 8 weeks**. Minimum time spent in a particular department should be **at least 2 weeks** and **not more than 2 departments**)

Preferred Postings:

Posting (e.g. Internal Medicine, Surgery, O&G, A&E etc)

..... (**weeks**) **from :** **to:**

..... (**weeks**) **from :** **to:**

Have you been in contact with any staff member at this University?

(If so, please state name)

.....

Date: **Signature of applicant:**

(Copies of document with your **Certifying Letter, Transcript of Examination & Course of Study** and **Curriculum Vitae** to be attached with application form)

D. SUPPORTING STATEMENT FROM DEAN OF PARENT MEDICAL SCHOOL

I confirm the standing of the applicant in our school/college and that the proposed attachment is considered suitable.

Additional remarks:

.....

.....

.....

Date:

.....

Signature of Dean

.....

Official Stamp

This form should be returned to:

Secretariat of Undergraduate Studies,
Universiti Kebangsaan Malaysia,
Jalan Yaacob Latif, Bandar Tun Razak,
56000 Cheras, Kuala Lumpur, MALAYSIA.

PERATURAN & CARA MEMOHON
POSTING ELEKTIF DI FAKULTI PERUBATAN
UNIVERSITI KEBANGSAAN MALAYSIA

(RULES & REGULATIONS FOR ELECTIVE POSTING)

1. Pemohon adalah **pelajar perubatan tahun klinikal** dan telah mengikuti kursus jabatan yang di pohon.

*The applicant should be in a **clinical medical year** and should have completed the course in which the discipline applied for.*

2. **Pelajar perlu mengisi google form melalui pautan**
https://docs.google.com/forms/d/e/1FAIpQLSeYPUpBPx0lxxkd-AIIgXUVrKZrQgvmuC7LOXWisfWI_QWqbg/viewform?usp=sf_link
serta memuat naik *borang permohonan* lengkap.

Students need to fill in the Google Form via
https://docs.google.com/forms/d/e/1FAIpQLSeYPUpBPx0lxxkd-AIIgXUVrKZrQgvmuC7LOXWisfWI_QWqbg/viewform?usp=sf_link
and upload the complete application form.

3. Permohonan lengkap hendaklah dilakukan selewat-lewatnya 2 bulan sebelum tarikh posting bermula.

*A **complete application** must be submitted not more than 2 months before posting.*

4. Jumlah masa posting hendaklah **tidak melebihi lapan (8) minggu** serta tidak melebihi **dua (2) jabatan**. tempoh **minima** adalah **dua (2) minggu** di setiap jabatan.

*The total duration of the posting must **not exceed 8 weeks** and not more than two departments. The **minimum duration** in a particular department should be at least **2 weeks***

5. Permohonan posting **tidak akan dilayan dan diterima** sekiranya jatuh pada tarikh Peperiksaan Ikhtisas dalam bulan **Ogos** dan **Mac**.

*The application will not be entertained and accepted if the the application falls on Professional Examination dates, which are usually held in **August** and **March**.*

6. Yuran **pendaftaran** kursus hendaklah dibayar secara **transaksi atas talian** setelah mendapat pemakluman daripada sekretariat. **silalah emelkan resit pembayaran serta dokumen yang diperlukan (senarai semak seperti di lampiran) ke alamat emel mohdiqbal@ppukm.ukm.edu.my dan 'cc'kan kepada thohirhasim@ukm.edu.my** . Silalah rujuk jadual pembayaran seperti di bawah:

*(A **processing fee** via **Online Transaction only** after get notification from the secretariat. Please email the transaction receipt and documents needed to mohdiqbal@ppukm.ukm.edu.my and 'cc' to thohirhasim@ukm.edu.my. Please refer to the table below:*

	Warganegara Malaysia / Malaysian Citizen	Bukan Warganegara / Non-Citizen
Posting elektif tidak melebihi 8 minggu <i>Elective posting not more than 8 weeks</i>	RM750.00	RM1,500.00

***pengecualian pembayaran bagi seorang anak kakitangan ukm**

Maklumat pembayaran adalah seperti di bawah :

Nama Bank : CIMB ISLAMIC
Nama Akaun : UNIVERSITI KEBANGSAAN MALAYSIA
No. Akaun : 8600081140

Payment details are as follows:

Bank Name : CIMB Islamic
Account Name : Universiti Kebangsaan Malaysia
Account Number : 8600081140

7. Silalah lengkapkan borang permohonan elektif dengan betul serta lengkap dengan perakuan dekan atau pegawai tempat belajar

Please complete the elective application form correctly and complete with the dean's approval or University's officer.

8. Sekiranya memerlukan penginapan, silalah tulis surat permohonan kepada:

*If in need of **accommodation**, please write to:*

Pengetua / Principal
Kolej Tun Dr. Ismail / Tun Dr. Ismail College, UKM
Fakulti Perubatan / Faculty of Medicine, UKM
Jalan Yaacob Latiff,
Bandar Tun Razak,
56000 Cheras, Kuala Lumpur, MALAYSIA.

Tel: +603-9145 6302 / 6270 Fax: +603-9173 5231

Email : amawi_8@ukm.edu.my

9. Sebarang pertanyaan boleh berhubung terus di nombor tertera seperti di bawah

Any inquiries can directly contact the number below.

Tel: + **603-91455029**

SENARAI SEMAK / CHECKLIST

Bil.	PERKARA/ITEM	Tandakan (v)
1.	Borang Permohonan Posting Elektif Lengkap (Dimuat Naik dalam google form) <i>Complete Posting Elective Application Form (Uploaded in Google Form)</i>	
2.	Laporan Akademik <i>Academic Report</i>	
3.	Salinan IC / Pasport <i>Copy of IC / Passport</i>	