



**SCHOLARSHIP DIVISION  
MINISTRY OF EDUCATION MALAYSIA  
LEVEL 2, NO. 2, TOWER 2, JALAN P5/6, PRESINT 5  
FEDERAL GOVERNMENT ADMINISTRATION CENTRE  
62200 PUTRAJAYA**

**APPLICATION FORM FOR PRACTICAL TRAINING**

Please ensure that this form is completed and all the relevant documents indicated in the terms and conditions on page 1 are enclosed. Incomplete forms and/or documents will not be processed.

**TERMS AND CONDITIONS FOR PRACTICAL TRAINING  
ALLOWANCE**

- a) The place for practical training must be outside a radius of 25 km from the University.
- b) Maximum duration for practical training is 90 days. The allowance will be paid according to number of days of the practical training (exclusive weekend and public holiday).

**PART A. (TO BE COMPLETED BY THE APPLICANT)**

**PERSONAL DETAILS**

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**Name** : \_\_\_\_\_

**No. Passport/IC** : \_\_\_\_\_ **Student No.** : \_\_\_\_\_

**Country** : \_\_\_\_\_

**Address** : \_\_\_\_\_  
\_\_\_\_\_

**Phone No.** : \_\_\_\_\_

**Faculty/ University** : \_\_\_\_\_

**Level of Study/ Course** : \_\_\_\_\_

**Year of Study/ Session** : \_\_\_\_\_

**PART B. (TO BE COMPLETED BY THE APPLICANT)**

**DETAILS OF PRACTICAL TRAINING**

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**Field of Training** : \_\_\_\_\_

**Name and Address of the Organisation/ Place of Training** : \_\_\_\_\_  
\_\_\_\_\_

**Duration of Practical Training** : \_\_\_\_\_ until \_\_\_\_\_

**The distance from the university to the place of training** : \_\_\_\_\_ km

I certify that the information given in this application is true. If the information is found untrue, the Scholarship Division, Ministry of Higher Education Malaysia has the right to reject the application for the payment of practical training allowance.

\_\_\_\_\_  
(Signature)

Date:

Name:

**PART C. (TO BE COMPLETED BY THE ORGANISATION/ PLACE OF PRACTICAL TRAINING)**

**CERTIFICATION BY THE ORGANISATION**

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This is to certify that \_\_\_\_\_ (IC: \_\_\_\_\_) has undergone practical training in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ days.

Date:

\_\_\_\_\_  
(Signature)

Name and Official Seal/ Stamp

**PART D (TO BE COMPLETED BY THE ADVISOR/ SUPERVISOR)**

**CERTIFICATION BY SUPERVISOR**

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This is to certify that the above said practical training is compulsory to the applicant and is a part of the curriculum. I also certify that all information given by the applicant is true.

Date:

\_\_\_\_\_  
(Signature)

Name and Official Seal/ Stamp

**PART E (FOR OFFICE USE)**

**SCHOLARSHIP DIVISION**

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The application is \* granted/ not granted.

Note: \_\_\_\_\_

Amount of Allowance granted is RM/GBP/AUD/NZD/EUR \_\_\_\_\_.

Date:

\_\_\_\_\_  
(Signature)

Name and Designation