

**SCIENTIFIC ATTACHMENT APPLICATION FORM**

**SECTION 1 : PERSONAL INFORMATION**

|  |                      |
|--|----------------------|
| <b>Name :</b>                            | <b>Nationality :</b> |
| <b>IC/Passport No :</b>                  |                      |
| <b>Organization Name &amp; Address :</b> |                      |
| <b>Name of Approving Manager :</b>       |                      |
| <b>Designation :</b>                     | <b>Tel :</b>         |
| <b>Email :</b>                           | <b>Fax :</b>         |

**SECTION 2 : INTEREST**

|  |
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| <p><b>2.1 Areas of Interest:</b> _____</p> <p><b>2.2 The field of scientific attachment:</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p><b>2.3 Briefly explain why you would like to participate in the Scientific Attachment:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> |
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**SECTION 3 : WORK EXPERIENCE**

List all experiences, starting with the most current

| Name of Employer/Organisation                      | Job Title | Period of Employment |
|--|-----------|----------------------|
|  |           |                      |
| <b>Brief Description of Key Responsibilities</b>   |           |                      |
|  |           |                      |
| <b>Brief Description of Key Responsibilities :</b> |           |                      |

**SECTION 4 – YOUR AVAILABILITY**

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| <p><b>4.1 Please indicate when you would be available to begin the Scientific Attachment Program</b></p> <p>Date : _____</p> <p>Are your days flexible? Yes / No</p>   |
| <p><b>1.2 For how long are you available for the program ? (please select all that apply)</b></p> <p><input type="checkbox"/> One Weeks                      <input type="checkbox"/> Two weeks                      <input type="checkbox"/> Three Weeks</p> <p><input type="checkbox"/> Four Weeks                      <input type="checkbox"/> Five Weeks                      <input type="checkbox"/> Six Weeks</p> <p><input type="checkbox"/> &gt; 2 month ( please state : .....)</p> |

**SECTION 5 – FINANCIAL**

|   |
|---|
| <p><b>All the costs of this scientific attachment will be borne by</b></p> <p><input type="checkbox"/> Sponsorship or funds: Yes/No ( if yes, please state .....)</p> <p><input type="checkbox"/> Own</p> |
|---|

Please submit this completed form to : hadza@nm.gov.my