INSTITUT KESELAMATAN DAN KESIHATAN PEKERJAAN NEGARA
NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH
BORANG PERMOHONAN KURSUS DAN PENILAIAN PASPORT KESELAMATAN NIOSH
NIOSH SAFETY PASSPORT COURSE AND ASSESSMENT APPLICATION FORM
Tel: 03 – 8769 2100 Fax: 03 – 8926 2900 URL: www.niosh.com.my

Sila lekatkan foto berukuran passport di sini
Please attach passport size photo here

A. TEMPAT LATIHAN PILIHAN *PREFERRED TRAINING VENUE*

- ☐ BANGI
- ☐ MELAKA
- ☐ JOHOR BAHRU
- ☐ PULAU PINANG
- ☐ KOTA KINABALU
- ☐ BINTULU
- ☐ KUCHING
- ☐ KEMAMAN
- ☐ LAIN-LAIN *OTHERS* (> 20 *PESERTA PARTICIPANTS*)

B. MAKLUMAT PERMOHONAN *APPLICATION'S INFORMATION*

B1 KURSUS *COURSE*

- ☐ KALI PERTAMA *FIRST TIME*
- ☐ PEMBAHARUAN *RENEWAL*

B2 ULANGAN PENILAIAN *RE-SIT ASSESSMENT*

- ☐ KALI KEDUA *SECOND TIME*
- ☐ KALI KETIGA *THIRD TIME*

TARIKH KURSUS / PENILAIAN *COURSE / ASSESSMENT DATE*

C. KURSUS PILIHAN *APPLIED COURSE*

- ☐ PETRONAS
- ☐ SHELL
- ☐ TNB
- ☐ Titan

SILA KEPILKAN BERSAMA SEKEPING FOTOSTAT KAD PENGENALAN / PASSPORT
PLEASE ATTACH TOGETHER A PHOTOSTAT COPY OF IDENTITY CARD / PASSPORT

D. MAKLUMAT PEMOHON *APPLICANT'S INFORMATION*

NAMA PEMOHON *APPLICANT'S NAME*

NAMA UNTUK DICETAK DI ATAS KAD
NAME TO BE PRINTED ON THE CARD

NO KP *IC NO @ PASSPORT NO*

ALAMAT SURAT MENYURAT
MAILING ADDRESS

POSKOD *POSTCODE* NEGERI *STATE*

WARGANEGARA *NATIONALITY*

BANGSA *RACE* ☐ MELAYU *MALAY* ☐ CINA *CHINESE* ☐ INDIA *INDIAN* ☐ LAIN-LAIN *OTHERS*

JANTINA *GENDER* ☐ LELAKI *MALE* ☐ PEREMPUAN *FEMALE*

NO TELEFON *TELEPHONE NO* UMUR *AGE*

NO FAKSIMILI *FACSIMILE NO*

NO TEL BIMBIT *HANDPHONE NO*

ALAMAT EMAIL *EMAIL ADDRESS*

WARIS TERDEKAT
IMMEDIATE FAMILY MEMBER

	NAMA *NAME*	HUBUNGAN *RELATIONSHIP*
1		
2		

NO TELEFON KECEMASAN
EMERGENCY CONTACT NO

JENIS DARAH *BLOOD TYPE*

ALAHAN *ALLERGIES*

BAHASA PERANTARAAN KURSUS *TRAINING MEDIUM* ☐ BAHASA MELAYU *MALAY* ☐ *BAHASA INGGERIS ENGLISH*

E. MAKLUMAT PENAJAAN *SPONSOR'S INFORMATION*

PENAJA *SPONSOR*

☐ **TAJAAN SENDIRI** *SELF-SPONSORED*

☐ **TAJAAN SYARIKAT** *COMPANY SPONSORED*

NOTA *NOTE*: JIKA TAJAAN SENDIRI, SILA ABAIKAN RUANGAN DI BAWAH *PLEASE IGNORE THE COLUMN BELOW IF SELF-SPONSORED*

NAMA SYARIKAT *COMPANY NAME*

ALAMAT SYARIKAT *MAILING ADDRESS*

POSKOD *POSTCODE*

NEGERI *STATE*

PEGAWAI BERTANGGUNGJAWAB
PERSON IN CHARGE

NO TELEFON *TELEPHONE NO* -

COP RASMI SYARIKAT
COMPANY OFFICIAL STAMP

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TANDATANGAN PENAJA
SIGNATURE OF SPONSOR

TARIKH *DATE* - -

F. MAKLUMAT PEMBAYARAN *PAYMENT INFORMATION*

HARGA KURSUS *COURSE FEE* **RM** .00

KAEDAH PEMBAYARAN
PAYMENT METHOD

☐ **TUNAI** *CASH*

☐ **KIRIMAN WANG** *MONEY ORDER*

☐ **DERAF BANK** *BANK DRAFT*

☐ **CEK** *CHEQUE*

NO CEK *CHEQUE NO*

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TANDATANGAN PEMOHON
APPLICANT'S SIGNATURE

TARIKH *DATE* - -

PENTING *IMPORTANT*

1. Sila pastikan cek dibayar kepada '**NIOSH**'
   Please ensure cheque payable to 'NIOSH'
2. Jangan hantarkan wang tunai menerusi surat / pos
   Do not send cash through mail
3. Sila bawa bersama **SEKEPING FOTO** berukuran passport dan **SATU** salinan **fotostat Kad Pengenalan** (hadapan) / Passport semasa mendaftar
   Please bring along during registration ONE passport size photo and ONE photostat copy of Identity Card / Passport
4. Sila pastikan ruangan **JENIS DARAH** telah diisi
   Please ensure BLOOD TYPE column has been filled up
5. NIOSH berhak untuk menolak permohonan yang tidak lengkap
   NIOSH has the right to reject incomplete application

SILA HANTARKAN BORANG PERMOHONAN YANG LENGKAP KEPADA:
PLEASE SEND COMPLETED APPLICATION FORM TO:

NIOSH Bangi
Tel: **03 – 8769 2258 / 2174**
Fax: **03 – 8926 8037 (OSD)**
03 – 8926 3900 (HETD)
Email: osd@niosh.com.my
hetd@niosh.com.my

NIOSH Penang
Tel: **04 – 380 1200**
Fax: **04 – 397 3977**
Email: penang@niosh.com.my

NIOSH Terengganu
Tel: **09 – 850 2961**
Fax: **09 – 850 2960**
Email: terengganu@niosh.com.my

NIOSH Johor
Tel: **07 – 599 1200**
Fax: **07 – 599 0200**
Email: johor@niosh.com.my

NIOSH Sarawak
Tel: **086 – 311 500**
Fax: **086 – 315 501**
Email: sarawak@niosh.com.my

NIOSH Sabah
Tel: **088 – 261 252 / 263 252**
Fax: **088 – 257 252**
Email: sabah@niosh.com.my