



NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH  
COURSE APPLICATION FORM

NIOSH-A46P31-T Rev 4

Applicant No:

Phone: 03-8769 2100 Fax: 03-8926 3900

Applicant No. input box

1. Course Title

Course Title input box

2. Course Date

Course Date input box

A. APPLICANT INFORMATION

3. Name:

Name input box

4. IC No.

IC No. input box

5. Age:

Age input box

6. Sex:

Male checkbox

Male

Female checkbox

Female

7. Race:

Malay checkbox

Malay

Chinese checkbox

Chinese

Indian checkbox

Indian

Others checkbox

Others

8. Mailing Address:

Mailing Address input box

9. Postcode

Postcode input box

10. State:

State input box

11. Highest Qualification:

SPM/MCE checkbox

SPM/MCE

SPVM checkbox

SPVM

Diploma checkbox

Diploma

Degree checkbox

Degree

Master checkbox

Master

PhD checkbox

PhD

Others, please specify:

Others input box

12. Field of Study:

Field of Study input box

13. Current Position:

Current Position input box

14. Contact No:

Contact No. input box

16. H/Phone:

H/Phone input box

15. Fax No:

Fax No. input box

17. E-mail :

E-mail input box

B. SPONSOR'S INFORMATION

Self-sponsored

Company-sponsored

\*To be filled in by company-sponsored only

If, company sponsored, do you need an invoice YES / NO

18. Name of Company: .....

Company/ Invoice Address .....

19. Person In-charge: .....

20. Designation: .....

21. Contact No:  -

22. Type of Industry: (Tick one)

Manufacturing

Agriculture, Forestry & Fishing

Wholesale & Retail Trades

Finance, Insurance, Real Estates & Business Services

Utilities (Electricity, Gas, Water & Sanitary Services)

Mining & Quarrying

Hotels & Restaurants

Transport, Storage & Communication

Construction

Public Services & Authorities

Others : Specify .....

Official Stamp of Organization:

Signature of sponsor

**C. MEMBERSHIP INFORMATION**

23. NIOSH Membership: YES  NO  If YES: Individual  Corporate

24. Membership No:  Member since:  -  -  dd/mm/yy

**D. PAYMENT INFORMATION**

25. Course Fee Amount: RM  -

26. Payment Method: Cash on registration  Money Order  Bank Draft

Cheque:  No:

\* Please make cheque payable to 'National Institute of Occupational Safety and Health' or NIOSH  
 \* Do not send cash through mail.

**\*NIOSH has the right to reject incomplete application**

Please send your application to:

.....  
 Signature of applicant  
 Date:

National Institute of Occupational Safety and Health      Tel: 03-8769 2100  
 Lot 1, Jalan 15/1, Section 15                                      Fax: 03-8926 3900  
 43650 Bandar Baru Bangi  
 Selangor

**HOW TO USE THIS APPLICATION FORM**

1. Choose the desired course from our Training Calendar and fill the name of the course in box No. 1
2. Choose the desired course date and fill in the dates in box No. 2. Application without the Course Title and Date will be rejected.
3. Fill in your personal particular in Section A (Applicant Information) with capital letters.
4. Check one of the boxes in Section B. If you are self-sponsored, you don't have to fill in blanks No.18, 19, 20, 21 and 22.
5. If you are company sponsored, please indicate if your company need an invoice and fill in all the blanks in Section B. Put down your company's official stamp and signature of your sponsor.
6. If you are a member of NIOSH, please provide details in Section C. If you are unsure of your membership status, please contact us. Please provide your membership number.
7. Fill in Section D if you want to attach your payment together with the form. Check the appropriate box (No. 26).
8. Put down your signature at the end of the form and fill in the date.
9. Attachments :
  - a. Please refer course information in the NIOSH Course Handbook for entry requirement. If the desired course has an entry requirement, please provide the indicated documents as attachment together with the form. All attachments must be CERTIFIED TRUE COPY.
  - b. Applications without the proper documents attached will be rejected.
10. Payment Method :
  - a. NIOSH accept all kind of payment except personal cheque. Payment is due latest on the registration day.
11. You may send the completed application via post, facsimile or e-mail.
12. Proof of postage is not proof of receipt. NIOSH will not be responsible on any documents lost in transit.

**THANK YOU**