

Secretary,
Nursing Board Malaysia,
Ministry of Health Malaysia,
Level 3, Block E1 Parcel E
Federal Government Administrative Centre
62590 Putrajaya
Malaysia

APPLICATION FOR VERIFICATION OF TRAINING TRANSCRIPT (VOT)
PERMOHONAN PENGESAHAN TRANSKRIP LATIHAN

1. Full Name :
Nama penuh
2. Mailing Address:.....
Alamat surat-menyurat
- Postcode/Poskod :..... City/Bandar:.....
- State/ Negeri :Country/Negara:.....
3. Mobile Phone No: House Phone:.....
Tel. Bimbit Tel. Rumah
4. Email Add/ *Alamat Emel*:
5. NRIC/No.KP Baru:..... Passport No:.....
6. **Full Address** of intended place of registration (**Nursing Board / Council**)
Alamat Penuh bagi tempat yang ingin didaftarkan (**Lembaga Jururawat/ Majlis**)
.....
.....
7. Complete below details/ *Lengkapkan maklumat di bawah*:

Verification of T.Transcript <i>Pengesahan T.Latihan</i> Please tick/ <i>Sila tanda (√)</i>	Reg. No. <i>No. Daftar</i>	College Name <i>Nama Kolej</i>	Training Period <i>Tempoh Latihan</i> month/year - month/ year <i>bulan/ tahun - bulan/tahun</i>	Payment RM 30 for each Verification <i>Bayaran RM 30 bagi setiap pengesahan</i>
<input type="checkbox"/> Diploma in Nursing <i>Diploma Kejururawatan</i>			___/___ - ___/___	RM:
<input type="checkbox"/> Midwife Part 1 <i>Kebidanan Bhg. 1</i>			___/___ - ___/___	RM:
<input type="checkbox"/>			___/___ - ___/___	RM:
<input type="checkbox"/>			___/___ - ___/___	RM:
<input type="checkbox"/>			___/___ - ___/___	RM:
Total Payment / Jumlah Bayaran				RM:

8. **Checklist/ Senarai Semak :** Please tick/ *Sila tanda* ✓
 - a) Attach a copy of **Training Transcript** for each application as in No.7.
*Lampirkan sesaliran **Transkrip Latihan** seperti yang dipohon di No. 7.*
 - b) **Bank Draft/Postal Order** in Ringgit Malaysia payable to: **Secretary of Nursing Board Malaysia**
*Draf Bank/ Wang Pos dalam Ringgit Malaysia bayar kepada: **Setiausaha Lembaga Jururawat Malaysia.***

Date/Tarikh :

Signature/Tandatangan:.....