



Ruj. Kami : KKM500-3/4/9 Jld.5 ()

Tarikh : 30 Januari 2018

SEPERTI DI SENARAI EDARAN

YBhg. Datuk/ Dato'/ Datin/ Tuan/ Puan,

TAWARAN BIASISWA SEAMEO TROPED NETWORK BAGI MENGIKUTI KURSUS 'DIPLOMA IN APPLIED PARASITOLOGY AND ENTOMOLOGY (DAP&E)' PADA 27 JUN HINGGA 30 NOVEMBER 2018 DI INSTITUT PENYELIDIKAN PERUBATAN (IMR), KUALA LUMPUR

Dengan segala hormatnya saya merujuk perkara di atas.

2. Sukacita dimaklumkan bahawa Secretary General/ Coordinator SEAMEO TROPED Network, Bangkok menerusi Institut Penyelidikan Perubatan Malaysia (IMR), Kuala Lumpur telah mempelawa peserta dari Kementerian Kesihatan Malaysia yang berkelayakan untuk memohon tawaran biasiswa *SEAMEO TROPED Network* bagi mengikuti kursus '*Diploma in Applied Parasitology And Entomology (DAP&E)*' secara sepenuh masa pada **27 Jun 2018 hingga 30 November 2018 (5 bulan 4 hari)** di IMR, Kuala Lumpur.
3. Syarat-syarat permohonan dan cara untuk memohon adalah seperti di **Lampiran A** dan bersama-sama ini juga disertakan:
 - a. Surat pelawaan biasiswa dari Pengarah SEAMEO TROPED Network Malaysia;
 - b. Prospektus Kursus '*Diploma in Applied Parasitology And Entomology (DAP&E)*';
 - c. Borang Permohonan **KKM (BPL) LDP 2018**; dan
 - d. Borang Permohonan SEAMEO TROPED beserta borang Sijil Kesihatan
4. Pemohon perlu menghantar dokumen yang telah dilengkapkan pada atau sebelum **02 Mac 2018** kepada:-

Unit Latihan Dalam Perkhidmatan 1
Cawangan Operasi Latihan
Bahagian Pengurusan Latihan, KKM
Aras 6, No 26, Persiaran Perdana, Persint 3
62675, Putrajaya
(u/p: Pn.Nur Hanani Salamat)

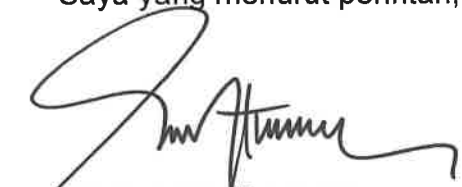


5. Kerjasama YBhg. Datuk/ Dato'/ Datin/ Tuan/ Puan adalah dipohon untuk memaklumkan tawaran ini kepada semua anggota yang beminat dan berkecenderungan di Jabatan YBhg. Datuk/ Dato'/ Datin/ Tuan/ Puan untuk memohon tawaran biasiswa ini.

Sekian, terima kasih.

“BERKHIDMAT UNTUK NEGARA”

Saya yang menurut perintah,



(RUSLI BIN HARUN)

Bahagian Pengurusan Latihan

b.p Ketua Setiausaha

Kementerian Kesihatan Malaysia

s.k.

Timbalan Ketua Pengarah Kesihatan (Perubatan)
Kementerian Kesihatan Malaysia

Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam)
Kementerian Kesihatan Malaysia

Timbalan Ketua Pengarah Kesihatan (Sokongan&Teknikal)
Kementerian Kesihatan Malaysia

Pengarah Kanan,
Bahagian Kesihatan Pergigian
Kementerian Kesihatan Malaysia

Pengarah Kanan,
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia

Pengarah,
Bahagian Sains Kesihatan Bersekutu
Kementerian Kesihatan Malaysia

Pengarah Kanan,
Bahagian Keselamatan Dan Kualiti Makanan
Kementerian Kesihatan Malaysia

Semua Timbalan Pengarah Kesihatan Negeri (Pengurusan)

SENARAI EDARAN

Semua Pengarah Bahagian
Kementerian Kesihatan Malaysia

Semua Setiausaha Bahagian
Kementerian Kesihatan Malaysia

Semua Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri
Kementerian Kesihatan Malaysia

Semua Pengarah Hospital
Kementerian Kesihatan Malaysia

SYARAT- SYARAT PERMOHONAN

1. Pemohon- pemohon hendaklah memenuhi syarat- syarat seperti berikut:
 - a) **Pegawai Kerajaan Kumpulan Pengurusan dan Profesional** yang sedang dalam perkhidmatan tetap;
 - b) **Telah disahkan** dalam skim perkhidmatan semasa pada tarikh tutup permohonan;
 - c) **Telah berkhidmat** sekurang-kurangnya selama **tiga (3) tahun** (lantikan selewat-lewatnya pada **(1 Januari 2015)** pada tarikh tutup permohonan;
 - d) Umur tidak melebihi **46 tahun** pada tarikh tutup permohonan;
 - e) Mempunyai **penguasaan Bahasa Inggeris** yang baik;
 - f) **Mempunyai Laporan Nilai Prestasi Tahunan (LNPT) purata minimum 85% bagi tempoh genap penilaian 3 tahun** kalendar yang terkini berturut-turut (2014, 2015 & 2016) atau (2015, 2016 & 2017);
 - g) **Bersih daripada pertuduhan/ tindakan tatatertib** dan bebas daripada dakwaan mahkamah;
 - h) Tiada mengikuti kursus pendek di luar negara dalam tempoh satu (1) tahun kebelakangan atau kursus panjang dalam tempoh dua (2) tahun kebelakangan (dikira dari tarikh tutup permohonan);
 - i) **Kursus yang diikuti berkaitan dengan bidang yang bersesuaian dengan bidang tugas;**
 - j) Mempunyai kelayakan Ijazah dalam bidang perubatan, biologi dan entomologi atau bidang-bidang yang berkaitan; dan
 - k) Mempunyai pengalaman dalam bidang parasitologi/entomologi atau bidang berkaitan.

CARA MEMOHON

2. Pemohon perlu mengisi:-

- a) Dua (2) salinan Borang Permohonan KKM (BPL) LDP 2018;
- b) Tiga (3) salinan Borang Permohonan SEAMEO TROPMED yang disokong oleh Ketua Jabatan/ Unit;
- c) Menyertakan satu (1) salinan Sijil Akademik (termasuk kelayakan Bahasa Inggeris) dan Rekod Transkrip;
- d) Perakuan Sijil Kesihatan (*Certificate of Health*);
- e) Satu (1) salinan Buku Perkhidmatan yang terkini dan disahkan;
- f) Satu (1) salinan senarai tugas terkini; dan
- g) Surat iringan permohonan tawaran biasiswa daripada Ketua Jabatan.

3. Pemohon adalah dinasihatkan untuk memahami dan mengikuti tatacara permohonan bagi mengelakkan permohonan tersebut ditolak.

4. Pemohon perlu menghantar dokumen yang telah dilengkapkan pada atau sebelum 02 Mac 2018 kepada:-

Unit Latihan Dalam Perkhidmatan 1
Bahagian Pengurusan Latihan, KKM
Aras 6, No 26, Persiaran Perdana, Persint 3
62675, Putrajaya
(u/p: Pn.Nur Hanani Salam)

5. Sebarang pertanyaan berkaitan permohonan tawaran biasiswa ini boleh dirujuk ke Unit Latihan dalam Perkhidmatan 1, Bahagian Pengurusan Latihan, KKM seperti berikut:

Pn. Siti Nur Hanani Binti Salam
Penolong Setiausaha Kanan
E.mail: nurhanani.s@moh.gov.my
No. Telefon: 03-8885 0772
No. Faks: 03-8885 0746

**BAHAGIAN PENGURUSAN LATIHAN
KEMENTERIAN KESIHATAN MALAYSIA**



PERMOHONAN MENGIKUTI KURSUS DALAM PERKHIDMATAN

ARAHAN:

1. Lengkapkan borang dengan jelas, sila rujuk panduan kod di mana berkaitan.
2. Perlu diisi dalam **DUA (2) salinan.**
3. Senarai tugas perlu disertakan.

Gambar

A. BUTIR-BUTIR DIRI

1. Nama Penuh
2. No KPT - -
3. No K/P
4. Tarikh Lahir (Hari) (Bulan) (Tahun)
5. Umur
6. Negeri Lahir (rujuk panduan kod)
7. Taraf Perkahwinan K - Kahwin B - Bujang
C - Cerai
8. Jantina L - Lelaki P - Perempuan
9. Agama I - Islam L - Lain-lain
10. Kecacatan (rujuk panduan kod)

B. BUTIR-BUTIR PERKHIDMATAN SEKARANG

11. Klasifikasi Perkhidmatan (rujuk panduan kod)
12. Skim Perkhidmatan: _____
13. Gred Jawatan: (rujuk panduan kod)
14. Tempoh Perkhidmatan: tahun
15. Tarikh Lantikan: (Hari) (Bulan) (Tahun)
16. Tarikh Pengesahan Jawatan: (Hari) (Bulan) (Tahun)
17. Kementerian: _____
18. Jabatan: _____
19. Jenis Agensi: (rujuk panduan kod)
20. Alamat Tempat Bertugas: _____
21. Telefon (a) Pej : _____
(b) Rumah : _____
(c) Bimbit : _____
- No. Fax: _____
E-mail: _____
22. Lantikan pertama ke **PERKHIDMATAN KERAJAAN** jika lain dari 13
(a) Skim Perkhidmatan: _____
(b) Tarikh Lantikan: (Hari) (Bulan) (Tahun)

F. MAKLUMAT KELUARGA

32. Nama Suami / Isteri : _____
33. Tarikh Lahir : _____
34. Pekerjaan / Jawatan : _____
35. Alamat Tempat Bertugas : _____

36. Memohon Hadiah Latihan Persekutuan : Ya / Tidak Sesi : _____
37. Bilangan Anak _____ orang

| Bil. | Nama Anak | Tarikh Lahir |
|------|-----------|--------------|
| | | |

38. Orang yang boleh dihubungi semasa kecemasan :
- (a) Nama : _____ (b) No. Telefon : _____
- (c) Alamat : _____

G. PENGAKUAN PEMOHON (Potong yang tidak berkaitan)

39. (a) Saya telah / belum mengisytiharkan harta.
- (b) Saya pernah / tidak pernah memohon Hadiah Latihan Persekutuan :
Tarikh Permohonan : _____ Sesi : _____
- (c) Disertakan salinan dokumen-dokumen sokongan bertanda (✓) yang telah diakui sah oleh pegawai kerajaan **Kumpulan Pengurusan dan Profesional** seperti di bawah :
- (i) Surat Tawaran Universiti
- (ii) Senarai Buku Perkhidmatan yang telah dikemaskini
- (iii) Senarai Tugas
- (d) Saya mengaku bahawa semua keterangan di atas adalah benar dan permohonan ini adalah lengkap. Sekiranya kenyataan yang diberikan tidak benar atau permohonan ini tidak lengkap, KKM berhak membatalkan permohonan ini.
- Tarikh: _____ (Tandatangan Pemohon)

PANDUAN KOD

A. BUTIR-BUTIR DIRI

6 Negeri Lahir

- 01 Johor
- 02 Kedah
- 03 Kelantan
- 04 Melaka
- 05 Negeri Sembilan
- 06 Pahang
- 07 Perak
- 08 Perlis
- 09 Pulau Pinang
- 10 Selangor
- 11 Terenggan
- 12 Wilayah Persekutuan
- 13 Sabah
- 14 Sarawak
- 15 Lain-lain
- 16 W.P. Labuan

11 Kecacatan

- A Buta
- B Buta Warna
- C Mendengar dengan alat bantuan
- D Pekak
- E Bisu
- F Gagap
- G Cacat Kaki
- H Cacat Tangan
- I Lumpuh
- J Kecacatan Lain

B. BUTIR-BUTIR PERKHIDMATAN SEKARANG

12 Klasifikasi Perkhidmatan

- A Pengangkutan
- B Bakat dan Seni
- C Sains
- D Pendidikan
- E Ekonomi
- F Sistem Maklumat
- G Pertanian
- J Kejuruteraan
- K Keselamatan dan Pertahanan Awam
- L Peundangan
- M Tadbir dan Diplomatik
- N Pentadbiran dan Pembangunan
- Q Penyelidikan dan Pembangunan
- R Mahir/Separuh Mahir/Tidak Mahir
- S Sosial
- U Perubatan dan Kesihatan
- W Kewangan
- P Polis
- T Tentera

14 Gred Jawatan

Contoh: S4I =

| | | | |
|--|---|---|---|
| | S | 4 | I |
|--|---|---|---|

20 Jenis Agensi

- 1 Perkhidmatan Awam Persekutuan
- 2 Perkhidmatan Awam Negeri
- 3 Badan Berkanun Persekutuan
- 4 Badan Berkanun Negeri
- 5 Penguasa Tempatan
- 6 Syarikat Kepentingan Kerajaan
- 7 Swasta



INSTITUT PENYELIDIKAN PERUBATAN

(Institute For Medical Research)

Jalan Pahang
50588 KUALA LUMPUR
MALAYSIA

Telefon: 03-2616 2666
Faks : 03-2693 9335
http : //www.imr.gov.my

Ruj : IMR/SEAMEO/DAP&E/2018/01 (01)

Tarikh : 24 Januari 2018

Ketua Setiausaha,
Kementerian Kesihatan Malaysia,
Bahagian Pengurusan Latihan,
Aras 6, No: 26, Persiaran Perdana, Presint 3,
Pusat Pentadbiran Kerajaan Persekutuan,
62675 Putrajaya
(u.p : Pn. Jaarah binti Mat)



Tuan,

MEMAKLUMKAN BIASISWA SEAMEO TROPED NETWORK DAN PENCALONAN UNTUK MENGHADIRI KURSUS 'DIPLOMA IN APPLIED PARASITOLOGY AND ENTOMOLOGY (DAP&E)', PADA 27 JUN 2018 HINGGA 30 NOVEMBER 2018 DI INSTITUT PENYELIDIKAN PERUBATAN (IMR), KUALA LUMPUR

Saya dengan hormatnya merujuk kepada perkara tersebut diatas.

2. Dengan sukacita saya ingin memaklumkan bahawa satu biasiswa akan ditawarkan kepada peserta Malaysia untuk mengikuti Kursus DAP&E 2018. Kursus ini adalah Post Graduate Diploma, akan bermula pada 27 Jun 2018 hingga 30 November 2018 dan berlangsung selama 5 bulan.
3. Sehubungan dengan itu, pihak kami meminta jasa baik tuan untuk menghebahkan makluman ini kepada Jabatan yang berkaitan di Kementerian Kesihatan Malaysia. Bersama ini saya sertakan risalah kursus DAP&E 2018 untuk makluman dan tindakan selanjutnya.
4. Untuk makluman pihak tuan, satu biasiswa ini boleh dikongsi sama oleh 2 atau 3 peserta Malaysia. Permohonan yang menepati keperluan untuk menjalani kursus, dan diterima oleh pihak tuan, perlu dihantar ke IMR untuk tindakan selanjutnya.
5. Seorang calon dikehendaki mengisi:
 - i) Borang permohonan SEAMEO TROPED sebanyak 2 salinan yang disokong oleh Ketua Jabatan / Unit, Ketua Jabatan atau mana mana pihak yang berkaitan dengan pemohon. Bersama ini disertakan borang permohonan.

- ii) Menyertakan salinan sijil akademik dan rekod transkrip
- iii) Sijil Kesihatan

Segala kerjasama tuan amat kami hargai dan didahului dengan ucapan ribuan terima kasih.

Sekian.

'BERKHIDMAT UNTUK NEGARA'



(DR. ZUBAIDAH BT ZAKARIA)

bp Pengarah Institut Penyelidikan Perubatan,
Pengarah SEAMEO TROPMED Network Malaysia,
Institut Penyelidikan Perubatan,
Jalan Pahang, 50588 Kuala Lumpur

| | |
|--|--------------|
| Latihan Dalam Perkhidmatan 1 | |
| En / Pn | <i>Aluel</i> |
| <input checked="" type="checkbox"/> Tindakan | |
| <i>Shermat hebyher</i> | |
| KPSUK (LDP 1) | |
| Tarikh Terima : | <i>26/1</i> |

**SEAMEO Regional Tropical Medicine & Public Health Network
(SEAMEO TROPMED)**

PERSONAL DATA/APPLICATION FORM

(Please TYPE or PRINT in Duplicate)

Course Title : _____

Inclusive Dates : _____

Venue/Place : _____

Sponsor: SEAMEO TROPMED Network WHO Self-Supporting
 Other (Specify) _____



B I O D A T A

| | | |
|---|--------------|---|
| Name of Applicant: (Underline Family Name) | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others | Nationality: | Religion: |
| Date of birth (Month/Day/Year): | Age: | Place of birth (City & Country): |
| ID/Passport No: | Issued at: | Date: |
| Home Address: | | Telephone: Fax: E-mail: |
| Name & Address/Tel/Fax/E-mail of Person to be contacted in an emergency): | | |
| Office Name & Address: | | Telephone: Fax: E-mail: |
| Present Position/Occupation: Sector: <input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Self-Employed | | |
| Level of Responsibility: <input type="checkbox"/> Managerial <input type="checkbox"/> Supervisory <input type="checkbox"/> Support Staff | | |
| Brief Description of Duties & Responsibilities: | | |
| Percent (%) Devoted to: <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Services <input type="checkbox"/> Others (Specify) | | |
| Educational Attainment: Certificate/Degree(s) obtained, Date obtained: College: Post Graduate: | | |

| | | | |
|--|-----------------|----------|------|
| Previous SEAMEO TROPED Programmes/Courses attained, Inclusive Dates: | | | |
| Awards, Other Fellowships Obtained Venue, Inclusive Dates: | | | |
| Employment History (in chronological order from the most recent): Position, Institution/Employer, Inclusive Dates: (Use additional sheets if necessary) | | | |
| Research Activities in the last 5 years (Title; Objectives; Funding; Brief Statement of Progress of Results): | | | |
| Publications in the last 5 years (Books; Technical Papers; Popular Articles; Use additional sheets if necessary): | | | |
| Membership in Honorary and Scientific Societies: | | | |
| Language Proficiency (Please indicate if "Excellent", "Good", or "Fair"): | | | |
| | Writing/Reading | Speaking | Both |
| English | | | |
| Others (Specify) | | | |
| State briefly reasons for taking the course: | | | |
| Expected Employment/Position upon completion of the course: | | | |

I, hereby, declare under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

(Date)

(Signature)

N.B. Please submit this to course organizer or TROPED Central Office

Endorsement from Employer (Head of Department/Unit/Centre/Division)

Name of Employer :

Address :

Telephone No :

Email Address :

Signature/Dates :

IMPORTANT: 1. Submit one copy each of completed form to:

1.1. Secretary-General/Coordinator
SEAMEO TROPED Network Office
420/6 Ratchawithi Road, Bangkok 10400 THAILAND
(Via Fax No. (66-2) 354-9144 or
Via E-mail: secretariat@seameotropmednetwork.org or
dang_il@hotmail.com)

1.2. TROPED Center where the course is to be taken.

2. The application form must be accompanied by:

2.1. A Certificate of Health and

2.2. Certificate of English Language Proficiency, by duly designated
Authorities

2.3. Transcript of Academic Records and other requirements

(FOR OFFICIAL USE ONLY)

Action taken: Approved Disapproved Pending

REMARKS: _____

By: _____

Reference No: _____

Date: _____

SEAMEO TROPMED NETWORK

CERTIFICATE OF HEALTH

Part I (Fill by the Applicant)

1. Name (Please Print):
2. Age: Date of Birth:
3. Address:

4. I.D. /Passport Number:
Issued at:
Date:
5. Medical History:
 - 5.1. Do you have any physical impairment?
(if yes, please give details):

 - 5.2. Have you ever been treated for mental illness?
(if yes, please give details):

 - 5.3. In the past two years, have you ever been sick or received medical treatment or physical check-up for blood chemistry, blood pressure, urine analysis, x-ray, heart or others? If yes, please give details (name of hospital or clinic, attending physician, disease, diagnosis, result and date)

6. I hereby declare that the above statements are true to my knowledge. If there is any false statement or any truth being withheld. I agree to be responsible to all expenses which will derive from the care of those conditions. I agree to the decision of the Faculty Board Committee to withdraw my student status if it is indicated.

Signed at:

Date:

Applicant's Signature :

Part II (Fill by a Physician)

1. Name of Candidate :
Age : Sex :
Office Address :

Residence Address :
2. Physical Examination:
 - a. Height : Weight :
 - b. Skin :
 - c. Respiratory System :
 - d. Circulatory System :
Blood pressure : Systolic/ Diastolic
Heart :
 - e. Gastrointestinal System :
Abdomen :
Liver :
Spleen :
 - f. Central Nervous System :
 - g. Other Systems :
3. Laboratory Tests:
Urine Examination
Specific gravity :
Albumin :
Sugar :
Microscopic :
4. Report on X-ray examination of the chest:
5. Does the examination reveal any physical or mental abnormalities which may interfere with his/her study?
No []
Yes [] Describe :

Physician's Signature : Date :

Physician's name (type or print) :
Official Address :

Note: 1. The Physician has to be a clinician in a government hospital
2. Please attach this Certificate of Health to the application form
3. The Certificate should have the seal of the same government hospital

ASSESSMENT OF CANDIDATE

There will be continuous assessment of the candidate through the Course :

- Assessment at the of each module
- Assignment of literature review including oral presentation
- Final examination (theory, practical, spot test and viva voce

The decision of the Board of Studies regarding the examination result is final. Successful candidates who completed the full course will be awarded the Diploma in Applied Parasitology and Entomology. Certificates will be provided for those attending individual modules.

SCHOLARSHIP

Main funding agencies for attending full Course:

a) SEAMEO -TROPMED

Applications must be made using SEAMEO-TROPMED fellowship forms obtainable from SEAMEO-TROPMED Network, 420/6 Ratchawithi Road, Bangkok 10400, Thailand. Applications must be made through the applicant's government to the SEAMEO-TROPMED Secretariat in Bangkok. However, applications are open to applicants from ASEAN member countries only.

b) OTHER SPONSORS AND PRIVATE CANDIDATES

Candidates who received sponsor from other agencies (you apply yourself, or sponsored by your own country) are required to fill up application form obtainable from IMR website.

HOW TO APPLY

Candidates who are interested should follow the application procedure (Refer to <http://www.imr.gov.my/index.php/en/training/dap-a-e>).

Further Enquiries

For further enquiries, prospective applicants can communicate with the respective official preferably by email:

The Secretariat
SEAMEO-TROPMED Network (Malaysia)
Institute for Medical Research,
Jalan Pahang
50588 Kuala Lumpur
MALAYSIA
Email: seameo@imr.gov.my



SEAMEO-TROPMED Regional Centre
for Microbiology, Parasitology & Entomology,
Institute for Medical Research, Kuala Lumpur
Malaysia

Jalan Pahang
50588 Kuala Lumpur, Malaysia
Tel No: 03-2616 2100
Fax No: 03-2616 2100



SEAMEO-TROPMED Regional Centre
for Microbiology, Parasitology & Entomology,
Institute for Medical Research, Kuala Lumpur

DAP & E

DIPLOMA IN APPLIED PARASITOLOGY & ENTOMOLOGY

27th JUNE - 30th NOVEMBER 2018



SEAMEO TROPMED Network Malaysia

Institute for Medical Research (IMR), Kuala Lumpur, Malaysia

OBJECTIVE OF DAP&E COURSE

This Course aim to provide an overview of the major parasitic diseases of man and their vectors. The training provided would enable the participants to:

- Understand, interpret and apply the basic epidemiological and statistical methods,
- Understanding of the biology and the life cycles of the major parasites and of their vectors or intermediate hosts,
- Identify (diagnosis) of the major parasites, vectors and intermediate hosts of some parasitic diseases using basic and molecular approaches,
- Understanding the pathogenesis and pathology of the major parasitic diseases and the immune responses to these parasites,
- Understanding the epidemiology of the major parasitic infections;
- Understanding methods available for chemotherapy and control of the parasitic diseases,
- Comprehend methods used in the studying of medical entomology in the laboratory and in the field,
- Enable to conduct own research projects.

The Course is designed to train doctors, scientists and other health personnel for research, diagnostic services, control programmes and teaching institutions in Applied Parasitology and Entomology.

ENTRANCE REQUIREMENT (Applicant must have:)

1. A sufficiently good command of English
2. Basic degree in medical, biological or health sciences
3. Working in the field of parasitology and entomology or related areas
4. Should be between 26 to 46 years old at the closing date of the application
5. Should be certified medically and physically fit to participate in this programme

COURSE MODULES

The Course consists of the following modules:

- Effective Communication
- Molecular Biology in Parasitic diseases
- Hematology and Immunology
- Biostatistics & Epidemiology
- Medical Entomology
- Acarology
- Parasitology
- Research Project

COURSE METHODOLOGY

Consist of lectures, demonstration, hands-on laboratory practical, field trips to collect samples and study visit, preparation of dissertation, conduct short research project, module test, mid term and final examination (consist of theory and practical assessment).

COURSE VENUE

The course will be held at the SEAMEO-TROPMED Regional Centre for Microbiology, Parasitology & Entomology, Institute for Medical Research (IMR), Kuala Lumpur, Malaysia.

ACCOMMODATION

The Institute will provide hostel rooms (with basic facility and shared bathroom) on a twin-sharing basis. Food is not provided at the hostel.



COURSE FEE

1. DAP&E Full Course

Participants are required to pay a course fee of RM 18,500.00 per person (exclusive of food and accommodation) before commencement of course.

2. DAP&E Modular Course

Participants may also apply to attend a particular module offered by course. The participants will join the class with the other candidates of the course, including practical sessions. The module offered and the chargeable fees are listed in schedules below.

| Module | Tentative date | Fee (RM) |
|--|----------------------------|---------------|
| 1. Effective Communication | July (1 week) | 675 |
| 2. Principles of Immunology | July (1 week) | 900 |
| 3. Principles of Molecular Biology | July/August (1 week) | 1350 |
| 4. Biostatistics & Epidemiology | August (2 week) | 2025 |
| 5. Insects of Medical Importance Including Field & Laboratory Techniques | August/September (3 week) | 2700 |
| 6. Control of Vectors of Medical Importance | September (1 week) | 900 |
| 7. Medical Acarology | Sept-October (2 week) | 900 |
| 8. Arthropod-Borne Nematode Diseases and Their Vectors | October (2 week) | 900 |
| 9. Arthropod-Borne Protozoan Diseases | October (1 week) | 900 |
| 10. Soil Transmitted Helminthiasis and Other Nematode Diseases | November (1 week) | 900 |
| 11. Other Protozoan Diseases | November (1 week) | 675 |
| 12. Diseases Course by Cestodes and Trematodes | November (1 week) | 675 |
| 13. Bench Fees for Research Project | August- November (20 week) | 5,000 |
| TOTAL | | 18,500 |