



KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH OF MALAYSIA
Bahagian Pengurusan Latihan
Training Division
Aras 3 & 6, Menara Prisma
No. 26 Persiaran Perdana, Presint 3
Pusat Pentadbiran Kerajaan Persekutuan
62675 PUTRAJAYA

BPL-KKM/UPP-01/Pin. 1/2023
Tarikh Kkuatkuasa : 10.07.2023

BORANG PERMOHONAN SIJIL DAN TRANSKRIP
APPLICATION FOR CERTIFICATE AND TRANSCRIPT

Nama / Name			
No. Kad Pengenalan / Passport No.		No. Matrik / Matrik No.	
E-mel / E-mail		No. Telefon (B) / Telephone No.	
Alamat/Address			
Institut / Institute			
Program / Programme			
Tarikh Masuk Latihan / Training Entry Date			
Tarikh Tamat Latihan / Training Completed Date			
Jenis Permohonan	[] Sijil [] Transkrip		
Sebab memohon / Reasons for applying	[] Hilang / Lost [] Rosak / Damaged		
Permohonan Kali Keberapa / Application for the _____ time	[1] [2] [3]		
Cara pengambilan / Collection method	[] Ambil sendiri/Walk in [] Wakil (sila kemukakan surat pelantikan wakil dan salinan Kad Pengenalan Pemohon dan Wakil)/ Representative (Please enclose an authority letter to the representative along with the copy of passport / IC of the applicant and representative) <ul style="list-style-type: none">• Nama wakil / : _____• Name of representative• No. Kad Pengenalan : _____• Passport No. IC• Surat Pelantikan Wakil (BPL-KKM/UPP-02) : [] Ada / Yes [] Tiada / No [] Pos ke alamat seperti di Sampul Pos Laju <ul style="list-style-type: none">• No. Rujukan Pos Laju:- _____		

Saya mengaku bahawa segala maklumat yang diberikan di atas adalah **BENAR**. Saya akan bertanggungjawab sekiranya maklumat yang diberikan adalah **PALSU**.
*I hereby certify that all information given above is **TRUE**. I will be fully responsible if the given information above is **FALSE**.*

Tandatangan / Signature: _____ Tarikh / Date: _____

UNTUK KEGUNAAN PEJABAT / FOR OFFICE USE

Penerima / Receiver : _____ No. Resit / Receipt No. : _____ Tarikh / Dated : _____

Cop
Rasmi

UNTUK SALINAN PEMOHON / A COPY FOR APPLICANT

Penerima / Receiver : _____ No. Resit / Receipt No. : _____ Tarikh / Dated : _____

Cop
Rasmi