

## **MANAGEMENT SERVICES DIVISION**

## NOMINATION FORM FOR EXTERNAL TRAINING FOR ADMINISTRATIVE AND TECHNICAL STAFF

Pari A:	PARTICULARS	OUT TRAINING PROGRAMME		
TITLE	:			
ORGANISER	:			
VENUE	:			
COURSE DAT	E:	FEE: <b>RM</b>	(USING K/C/D BUDGET)	
Part B:	STAFF PERSON	NAL DETAILS		
NAME	:			
POST	:STAFF NO:			
KULL./DEPT.	:	:YEAR OF SERVICE: :TEL. NO:		
EMAIL				
NO. OF TRAIN	IING PROGRAMME	ATTENDED THIS YEAR:		
Part C: REC	OMMENDATION	BY DEAN/ DIRECTOR OF K/C/I	O/I/O	
I recommend f	for the above staff n	nember to attend the training programr	ne because:	
		_		
SIGN	ATURE			
NAME :		DATE:		
		FOR MSD OFFICIAL USE		
Part D: RE	COMMENDATIO	ON BY THE SECRETARIAT		
YES	NO	COMMENT:		
	GLGNA FELDE	_	DATE:	
	SIGNATURE			
Part E : APPI	ROVAL			
I APPROVE /	DO NOT APPROV	E THE NOMINATION:		
	SIGNATURE	_	OFFICIAL STAMP	
Date :				