



MEGA UNITED SKILL TRAINING SDN BHD (781947-W)

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BORANG PENDAFTARAN KURSUS (CAWANGAN BINTULU) COURSE REGISTRATION FORM (BINTULU BRANCH)

BORANG / FORM:
MUST-R39F

KURSUS-KURSUS SCAFFOLDING / SCAFFOLDING COURSES

Tick (✓)

<input type="checkbox"/>	BASIC SCAFFOLDING COMPETENCY (DOSH)
<input type="checkbox"/>	INTERMEDIATE SCAFFOLDING COMPETENCY (DOSH)
<input type="checkbox"/>	BASIC SCAFFOLDING TUBULAR
<input type="checkbox"/>	INTERMEDIATE SCAFFOLDING TUBULAR
<input type="checkbox"/>	SCAFFOLDING SAFETY INSPECTION (INSPECTOR)
<input type="checkbox"/>	SCAFFOLDING SAFETY INSPECTION (REFRESHER)
<input type="checkbox"/>	SCAFFOLDING SAFE ERECTOR
<input type="checkbox"/>	SCAFFOLDING SAFETY APPRECIATION
<input type="checkbox"/>	SCAFFOLDING REFRESHER

KURSUS-KURSUS LAIN / OTHER COURSES

<input type="checkbox"/>	BASIC RIGGING AND SLINGING
<input type="checkbox"/>	BASIC RIGGING AND SLINGING (CEP)
<input type="checkbox"/>	OTHERS

TARIKH KURSUS
COURSE DATE

(To be completed in **BLOCK LETTERS**)

A. MAKLUMAT PEMOHON / PERSONAL PARTICULARS

NAMA PENUH
FULL NAME

NO. KAD PENGENALAN (BARU)
NRIC NO. (NEW)

UMUR
AGE

JANTINA
GENDER

 LELAKI
MALE PEREMPUAN
FEMALE

TARIKH LAHIR
DATE OF BIRTH

ALAMAT SURAT-MEYURAT
MAILING ADDRESS

BANDAR
CITY

POSKOD
POSTCODE

NEGERI
STATE

NO. TELEPON
TELEPHONE NO.

NO. TEL. BIMBIT
HANDPHONE NO.

PEKERJAAN SEMASA
CURRENT JOB.

B. MAKLUMAT KESIHATAN / MEDICAL HISTORY

01 LEMAH JANTUNG
HEART DISEASE

 YA
YES TIDAK
NO

04 TEKanan DARAH TINGGI
HIGH BLOOD PRESSURE

 YA
YES TIDAK
NO

02 SAKIT DADA YANG KRITIKAL
CRITICAL CHEST PAIN

 YA
YES TIDAK
NO

05 MASALAH KESIHATAN LAIN
OTHER HEALTH PROBLEMS

 YA
YES TIDAK
NO

03 SESAK NAFAS
SHORTNESS OF BREATH

 YA
YES TIDAK
NO

* THE MEDICAL CONDITION MAY RENDER AN INDIVIDUAL UNFIT TO ATTEND TRAINING. MEGA UNITED SKILL TRAINING RESERVES THE RIGHT TO DECIDE WHETHER THE INDIVIDUAL IS SUITABLE OR OTHERWISE. (ATTACH COPY OF MEDICAL CERTIFICATE/ MEDICAL REPORT)

C. WARIS TERDEKAT (SEKIRANYA KECEMASAN) / NEXT OF KIN (IN-CASE OF EMERGENCY)

NAMA SAUDARA/ KAWAN
NAME OF FRIEND/ RELATIVE

NO. TELEPON KECEMASAN
EMERGENCY CONTACT NO.

PERTALIAN
RELATIONSHIP

D. MAKLUMAT PENAJAAN / SPONSORSHIP

PENAJA
SPONSOR

 PENAJAAN SENDIRI
SELF SPONSORED PENAJAAN SYARIKAT
COMPANY SPONSORED

NAMA SYARIKAT (JIKA DITAJA)
COMPANY NAME (IF SPONSORED)

ALAMAT SURAT-MEYURAT
MAILING ADDRESS

BANDAR
CITY

POSKOD
POSTCODE

NO. TELEPON
TELEPHONE NO.

NO. FAKS
FAX NO.

PEGAWAI BERTUGAS
PERSON IN-CHARGE

JAWATAN
DESIGNATION

I, _____ DECLARE THE ABOVE STATEMENT & INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE

TANDATANGAN PEMOHON
PARTICIPANT'S SIGNATURE

TARIKH
DATE

E. UNTUK KEGUNAAN PEJABAT / FOR OFFICE USE

CARA PEMBAYARAN
PAYMENT MODE

 CEK
CHECK TUNAI
CASH

JUMLAH BAYARAN
AMOUNT PAID

NO. RESIT
RECEIPT NO.

BAKI
BALANCE

** NOTE: 10% WILL BE CHARGED UPON LAST MINUTE CANCELLATION OF THE COURSE