

REGISTRATION FORM

CERTIFICATE OF SAFETY AND HEALTH OFFICER — PART TIME



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HP: 013-871 4988 (Pejabat)
HP: 013-339 7732 (Hafizal)
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No. 7-1, Jalan Putra Mahkota 7/7B, Pusat Bandar
Putra Point, Putra Heights, 47650 Subang Jaya,
Selangor
Tel: 03-5191 1236 Fax: 03-5192 1235
E-mail: skillsolutions_sb@yahoo.com

In
collaboration
with :

To be complete in **BLOCK LETTERS**

A. PERSONAL PARTICULARS

Full Name : _____

NRIC No. : _____

Designation: _____

Name of Company: _____

Permanent Address: _____

Tel No. (H): _____ (O) _____

H/p No. : _____ Fax No. : _____

E-mail Add: _____

Date of Birth: _____

Sex: _____ Age: _____

Nationality: _____ Race: _____

B. EDUCATIONAL BACKGROUND

Name of School/ Institution

Secondary: _____

Years from: _____ Attended to: _____

Highest Qualification Obtained: _____

College/ University: _____

Years from: _____ Attended to: _____

Highest Qualification Obtained: _____

Any Special Professional Course: _____

Years from: _____ Attended to: _____

Highest Qualification Obtained: _____

C. SPONSORSHIP

Please tick (✓)

Company Sponsored

Self Sponsored

HRDF

D. SUBMITTED BY

To be filled if sponsor by company

Contact Person: _____

Designation: _____

Tel No. : _____

Company Name: _____

Company Stamp:

E. DECLARATION

I hereby declare that the information provided is correct and complete.

Signature of Participant :

Date: _____

F. PAYMENT ADVICE:

Enclosed cheque / bank draft No.

_____ RM _____

being payment for _____ participant (s).

(Cheque : Skill Solutions Sdn Bhd)

Introducer Name: _____ Tel: _____