

Secretary,
Nursing Board Malaysia,
Ministry of Health Malaysia,
Level 3, Block E7, Parcel E, Presint 1,
Federal Government Administrative Centre,
62590 Putrajaya,
Malaysia.

APPLICATION FOR VERIFICATION OF TRAINING TRANSCRIPT (VOT)
PERMOHONAN PENGESAHAN TRANSKRIP LATIHAN

1. Full Name :
Nama penuh
2. Mailing Address:.....
Alamat surat-menyurat
- Postcode/Poskod : City/Bandar:.....
- State/ Negeri :Country/Negara:.....
3. Mobile Phone No: House Phone:.....
Tel. Bimbit Tel. Rumah
4. Email Add/ *Alamat Emel*:
5. NRIC/No.KP Baru: Passport No:.....
6. **Full Address** of intended place of registration (**Nursing Board / Council**)
Alamat Penuh bagi tempat yang ingin didaftarkan (**Lembaga Jururawat/ Majlis**)
.....
.....
7. Complete below details/ *Lengkapkan maklumat di bawah*:

Verification of T.Transcript <i>Pengesahan T.Latihan</i> Please tick/ <i>Sila tanda (√)</i>	Reg. No. <i>No. Daftar</i>	College Name <i>Nama Kolej</i>	Training Period <i>Tempoh Latihan</i> month/year - month/ year <i>bulan/ tahun - bulan/tahun</i>	Payment RM 30 for each Verification <i>Bayaran RM 30 bagi setiap pengesahan</i>
<input type="checkbox"/> Diploma in Nursing <i>Diploma Kejururawatan</i>			___/___ - ___/___	RM:
<input type="checkbox"/> Midwife Part 1 <i>Kebidanan Bhg. 1</i>			___/___ - ___/___	RM:
<input type="checkbox"/>			___/___ - ___/___	RM:
<input type="checkbox"/>			___/___ - ___/___	RM:
<input type="checkbox"/>			___/___ - ___/___	RM:
Total Payment / Jumlah Bayaran				RM:

8. **Checklist/ Senarai Semak :** Please tick/ *Sila tanda* ✓
- a) Attach a copy of **Training Transcript** for each application as in No.7.
*Lampirkan sesalinan **Transkrip Latihan** seperti yang dipohon di No. 7.*
- b) **Bank Draft/Postal Order** in **Ringgit Malaysia** payable to: **Secretary of Nursing Board Malaysia**
*Draf Bank/ Wang Pos dalam **Ringgit Malaysia** bayar kepada: **Setiausaha Lembaga Jururawat Malaysia.***

Date/Tarikh :

Signature/Tandatangan:.....