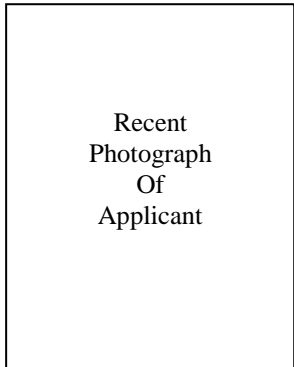




**SEAMEO REGIONAL CENTRE FOR EDUCATION
IN SCIENCE AND MATHEMATICS
PENANG, MALAYSIA**

APPLICATION FOR PROFESSIONAL POST (MALAYSIANS ONLY)

(To be completed in duplicate)



(A) 1. Position applied for: Deputy Director (Training & Research)

2. The earliest date available for service:

(B) 1. Full name of applicant:
(Mr/Mrs/Miss/Dr/) (In BLOCK LETTERS. Please underline surname)

2. Sex: Country of birth: Date of Birth:
NRIC No.: Date of Issue Place of Issue

3. Present Address (Office):
.....
Tel: Fax: Email:

4. Permanent Address (Home):
.....
Tel: Fax: Email:

5. Matrimonial status : single/married (Delete whichever is not applicable)

Wife/husband & children:

Name	Relationship	Date of Birth	Citizenship	Place of Residence	Intending/not Intending to Reside in Penang

6. Academic qualifications (in chronological order):

University/College/Institution	Date	Degree/Diploma (with class of Honours)	Major/Minor

7. Employment and Experience since graduation (in chronological order):

Organization/Institution	Date	Position	Subjects taught if applicable

8. Present position: Category: Salary Scheme:

Monthly salary: RM (Basic).....RM (Gross) Total allowances RM

Date Commenced Service: Date Confirmed in Service:

9. Brief description of present duties:

10. Courses/Seminars/Workshops Attended:

Courses/Seminars/Workshops	Start Date	End Date	Organiser

11. Languages/dialects spoken and/or written. (please indicate Fluent or Fair):

Written and Spoken	Written Only	Spoken Only

12. Published works (please attach list, if necessary):

Titles of books	Subject Matter	Publisher & Place	Date of Publication

(C) Give the following particulars of two persons to whom reference may be made. (They should be in the same profession as the applicant):

Name	Present Position	Years Of Acquaintance	Address

(D) If you have any physical handicap or disability, please describe below:

(E) Any other information relevant to this application -----

Applicant's Signature:

Date:

(F) Endorsement by Head of Department:

I support/do not support (*please delete whichever is not applicable*) this application.

Signature:

Full Name:

Official Seal:

Date:

(G) Endorsement by Division Head or Director, State Education Department:

I support/do not support (*please delete whichever is not applicable*) this application.

Signature:

Full Name:

Official Seal:

Date:

Important:

1. Please include two copies of your recent passport photograph.
2. One true copy each of your birth and academic/professional certificates must accompany this application; the originals should not be forwarded. If your originals have been lost or mislaid, please obtain authenticated duplicates or certified true copies from the issuing authorities. All attachments to your application must bear your name.
3. Use print writing when filling in the form which must be completed in duplicate.
4. If the space provided on the form is insufficient, please write on separate sheets of paper, but the number of the item must be quoted.
5. Please send the completed application forms (2 copies) with supporting documents under registered cover by the closing date stipulated, through the Ministry of Education/Department of Education of your country, to: **The Director, SEAMEO Regional Centre For Education in Science and Mathematics, 11700 Gelugor, Penang, Malaysia.**