

KEMENTERIAN DALAM NEGERI
REPUBLIK INDONESIA
SEKRETARIAT JENDERAL

Jalan Medan Merdeka Utara Nomor 7 Jakarta Pusat 10110
Telepon/Fax : (021) 3810343, Email : pusat-aldn@kemendagri.go.id

SEKDA

KASA KEMENDAGRI		
TANGGAL	02-05-2018	NOMOR
WAKTU	08.00	0225/K
PARAF	<i>[Signature]</i>	K

Jakarta, 3 Mei 2018

Nomor : 420/527 / FK / 01
Sifat : Segera
Lampiran : 1 (satu) Berkas
Hal : Tawaran Pelatihan Pemerintah Malaysia

Kepada
Yth. Sekretaris Daerah Provinsi/ Kabupaten / Kota
Se Indonesia
Di

Tempat

Berdasarkan surat Kemensekneg Nomor B-7996 / Kemensekneg / SET/ KTLN/ LN.04.01/ 04/ 2018 tanggal 26 April 2018 hal sebagaimana pokok surat di atas, dengan hormat disampaikan sebagai berikut:

1. Pemerintah Malaysia melalui program *Malaysian Technical Cooperation Programme (MTCP) Course 2018*, memberikan tawaran bagi peserta dari Indonesia, untuk mengikuti pelatihan mengenai *Environmental Management and Pollution Control* yang akan diselenggarakan pada tanggal 1 s.d 14 Agustus 2018, di Selangor, Malaysia. Pembiayaan selama pelatihan ditanggung seluruhnya oleh Pemerintah Malaysia.
2. Persyaratan untuk mengikuti pelatihan adalah sebagai berikut:
 - a. Membuat Daftar Riwayat Hidup dalam Bahasa Inggris (Rangkap 3);
 - b. Mengisi Formulir Pencalonan MTCP yang telah diisi lengkap dan disahkan oleh pejabat yang berwenang rangkap 3 (tiga) dan dilengkapi 3 (tiga) buah foto berwarna latar belakang putih ukuran 4x6 cm (dapat diakses di situs);
 - c. Melampirkan Sertifikat TOEFL/IELTS dengan minimal nilai 450 / 5,5 (masa berlaku maksimal 2 tahun) dan *Copy Passport* Hijau atau Biru (Rangkap 3);
 - d. Surat keterangan sehat (*medical report*) dari Rumah Sakit Umum Daerah (Rangkap 3);
 - e. Surat Pengantar dari Kepala pimpinan OPD masing- masing dan diketahui oleh Sekretaris Daerah (Rangkap 3).
3. Sehubungan dengan hal tersebut, kiranya dapat memanfaatkan tawaran pelatihan dengan mengirimkan pegawai yang berminat dan potensial sebagai calon peserta ke Pusat Fasilitas Kerja Sama, Sekretariat Jenderal, Kementerian Dalam Negeri, dengan melengkapi seluruh persyaratan paling lambat tanggal 14 Mei 2018. Kelengkapan dokumen dapat diakses melalui situs resmi <http://pusatfasker.setjen.kemendagri.go.id/>.


SEKRETARIAT JENDERAL		
DEKRETARAT JENDERAL		
TANGGAL	7 Mei 2018	NOMOR
WAKTU	09.31 wib.	152
PARAF	<i>[Signature]</i>	

10.05
07 MAY 2018
890
2367

4. Informasi lebih lanjut mengenai tawaran pelatihan dimaksud dapat menghubungi Pusat Fasilitas Kerja Sama, Sekretariat Jenderal, Kemendagri melalui email: fasker.kemendagri@gmail.com, Telp/Fax 021-3810343.

Demikian disampaikan untuk menjadi maklum.

a.n. Sekretaris Jenderal
Kepala Pusat
Fasilitas Kerja Sama



Dr. Nelson Simanungkalak, SH, M.Si
Pembina Utama Muda
NIP. 19600814 198503 1 017

Tembusan :
Sekretaris Jenderal Kemendagri



Please affix
passport size
photograph

APPLICATION FORM

**SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN
TECHNICAL COOPERATION PROGRAMME (MTCP)**

FOR OFFICIAL USE ONLY

Reference no	:	_____
Received	:	_____
Checked	:	_____

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

TITLE OF COURSE:	Date of commencement:
NAME OF IMPLEMENTING AGENCY :	

1. PERSONAL DATA

Family Name (surname) :	Date of birth :
First Name :	Day Month Year
Other Names :	Nationality (citizenship) :
City and country of birth :	Gender :
Passport No : Type of Passport:	Male / Female #
Expiry Date:	Marital status :
	Single / Married #
	Religion :

Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address :	Applicant's Postal / Home Address :
Mobile Phone Number	Home telephone
Office telephone	Country Area Number
Country Area Number	Country Area Number
Telefax	Country Area Number
Country Area Number	Country Area Number
Person to be contacted in case of emergency :	
Name :	Mobile Phone Number: _____
Telephone :	
Address :	
Email :	

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.

Please continue on supplementary pages if necessary

Have you participated in any training programme in Malaysia before? : YES / No #

Name of programme	Organizer	Year

Have you participated in any MTCP training programme in Malaysia before? : YES / NO #

Name of Course	Name of Training Institute	Year

Delete accordingly

6. ENGLISH LANGUAGE PROFICIENCY (Kindly provide certificate as proof of proficiency)

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : _____

Language test administered by : _____

Title : _____

Address : _____

Tel Number : _____

Email : _____

Date and signature : _____

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

7. MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant:			
Age:	Gender:	Height: cm	Weight: kg
Blood Pressure:			
Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other ()			
Is the person examined at present in good health?		Is the person examined physically and mentally able to carry out intensive training away from home?	
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.)?		Does the person examined have any condition or defect (including teeth) which might require treatment during the course?	
List any abnormalities indicated in the chest X ray.		Pregnancy Test (for women):	
I certify that the applicant is medically fit to undertake a course in Malaysia.			
Name of Physician	:	_____	
Address of Clinic (printed)	:	_____ _____	
Telephone (printed)	:	_____	
Email	:	_____	Date : _____
Signature of Physician	:	_____	Seal of Clinic :

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

B. APPLICANT'S DECLARATION

I, _____ of _____
Name of applicant Representing Country

Declare that:

- a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not willfully suppressed any material facts;
- b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Malaysia;
- c) I will be personally liable for all medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics, and also other than those covered under the Group Personal Accident Insurance. (All successful participants are covered under Group Personal Accident. The Group Personal Accident does not cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for medical expenses beyond what is covered by the insurance policy. As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Malaysia; and
- d) For pregnant female applicants only: I am _____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Malaysia

Upon successful selection for the training award, I undertake to:

- a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
- b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- c) submit/present any report which may be required;
- d) refrain from engaging in political activities and any form of employment for profit or gain;
- e) return to my home country upon completion of the training; and
- f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Malaysia at my own expense.

Date

Signature of applicant

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

9. TO: GOVERNMENT OF MALAYSIA

LETTER OF INDEMNITY

I _____, Passport Number: _____ having an address at _____, hereby declare that I shall be personally liable for and shall indemnify the Government of Malaysia and _____ against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common law which may be made or taken against the Government of Malaysia and/or _____ or incurred or become payable by the Government of Malaysia and/or _____ in respect of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with _____ which is appointed by the Government of Malaysia.

Dated this _____ day _____ of 20____

Signature of applicant)
Name of applicant)
Date)

In the presence of
Signature of Witness)
Name of Witness)
Designation of Witness)
I/C or Passport No.)

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

Reasons for applicant's selection

The post which the applicant will be required to fill upon satisfactory completion of training

Relevance of the course to applicant's job

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION

On behalf of the Government of _____, I _____
Country Name of Official

Certify that :

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
- c) Should the nominee seek medical consultancy/treatment for his/her pre-existing conditions/illnesses during his/her period of stay in Malaysia, he/she would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; an
- d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No.: _____
 for the training course.

Name and Designation	Signature and Official Stamp
Name and Organisation	Country code Area code Office tel no.
Email address	Country code Area code Office tel no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

Name	Email Address
Designation	(Ministry's Official Stamp)
Signature	Name of Organisation
Country code Area code Office tel no.	Country code Area code Office tel no.

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted