

**No. 42/10/2023-3Trg**  
**HARYANA GOVERNMENT**  
**CHIEF SECRETARY OFFICE**  
**TRAINING DEPARTMENT**

Dated, Chandigarh the 12<sup>th</sup> June, 2025

To

All the Administrative Secretaries to Govt. Haryana State.

**Subject:- In-Person Malaysian Technical Co-operation Programme(MTCP) course on "Finacial Crimes in Banking: Detection, Prevention and Compliance" from 22<sup>nd</sup> to 25<sup>th</sup> September, 2025 in Kuala Lumpur, Malaysia.**

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Sir/ Madam,

I am directed to refer on the subject noted above and to inform that a copy of the letter No. 17/1/2025-BPC&T dated 06.06.2025 received from Sh. Pankaj Gangwar, Under Secretary(BPC&T Section), Ministry of Finance Department of Economic Affairs, Room No. 236, North Block, New Delhi-110001 has been uploaded on the Chief Secretary Haryana Website (<http://csharyana.gov.in>).

The necessary action may be taken in view of Govt. Instruction No. 22/38/2010-4Trg, dated 21.12.2022.

Yours faithfully,

  
Superintendent, Training

Endst. No. 42/10/2023-3Trg.

Dated, Chandigarh the 12<sup>th</sup> June, 2025

A copy is forwarded to Sh. Pankaj Gangwar, Under Secretary(BPC&T Section), Ministry of Finance Department of Economic Affairs, Room No. 236, North Block, New Delhi- 110001 w.r.t. their email letter dated 06.06.2025 for information.

- 50 -  
Superintendent Training

F.No. 42/10/2023-3TBJ.

**Fwd: In-person Malaysian Technical Cooperation Programme (MTCP) Courses on "Financial Crimes in Banking : Detection, Prevention and Compliance" from 22nd to 25th September, 2025 in Kuala Lumpur, Malaysia**

1 message

SSPS Haryana <ssps@hry.nic.in>  
To: branchtrg <branchtrg@gmail.com>

6 June 2025 at 16:13

===== Forwarded message =====

From: Anurag Raslogi <cs@hry.nic.in>  
To: "SSPS Haryana" <ssps@hry.nic.in>  
Date: Fri, 06 Jun 2025 15:28:37 +0530

Subject: Fwd: In-person Malaysian Technical Cooperation Programme (MTCP) Courses on "Financial Crimes in Banking : Detection, Prevention and Compliance" from 22nd to 25th September, 2025 in Kuala Lumpur, Malaysia

===== Forwarded message =====

Training Branch

CFMS Diary No. 74006

9/6/25

===== Forwarded message =====

From: ANIL KUMAR CHOURASIA Assistant Section Officer, DEA, Min. Of Finance <chourasia.anil@nic.in>  
To: "Sameer Shukla" <jsbo@nic.in>, "ash-mohfw" <ash-mohfw@nic.in>, "jsadmin-mha" <jsadmin-mha@nic.in>, "rohitmathur" <rohit.mathur@nic.in>, "jspc-cpc" <jspc-cpc@gov.in>, "jschem-cpc" <jschem-cpc@gov.in>, "bhuvneshk" <bhuvnesh.k@meity.gov.in>, "jsk-dst" <jssk-dst@gov.in>, "Kchaturvedi" <K.chaturvedi@gov.in>, "jsupa-mhupa" <jsupa-mhupa@gov.in>, "js-mowr" <js-mowr@nic.in>, "jshe-mhrd" <jshe-mhrd@nic.in>, "jsad-moe" <jsad-moe@gov.in>, "jscc-agn" <jscc-agn@nic.in>, "js1tourism" <js1.tourism@gov.in>, "js-ship" <js-ship@nic.in>, "sureshkumar1972" <suresh.kumar1972@gov.in>, "jsdptitbd" <jsdptitbd@gov.in>, "jsme" <js.sme@nic.in>, "satyajitmishra" <satyajit.mishra@nic.in>, "jsrc-mord" <jsrc-mord@gov.in>, "amstaff" <amstaff@rb.railnet.gov.in>, "crb" <crb@rb.railnet.gov.in>, "pallaviagarwal" <pallavi.agarwal@gov.in>, "js" <js@moes.gov.in>, "samirkumar" <samirkumar@nic.in>, "djagdale" <d.jagdale@gov.in>, "sinhavijay" <sinha.vijay@nic.in>, "jscd-msje" <jscd-msje@nic.in>, "jsda-msje" <jsda-msje@nic.in>, "ddgtrg-dot" <ddgtrg-dot@nic.in>, "srinivasdanda" <srinivas.danda@gov.in>, "jse" <jse@nic.in>, "jskmmoca" <jsskm.moca@nic.in>, "jsnavy-dma" <jsnavy-dma@gov.in>, "raghurajmr" <raghurajmr@ias.nic.in>, "sagarmehra" <sagar.mehra@nic.in>, "hkhajong" <hkhajong@nic.in>, "sthakur" <sthakur@nic.in>, "jsadmasi-culture" <jsadmasi-culture@gov.in>, "jsestt" <jsestt@mea.gov.in>, "Sanjayroy14" <Sanjay.roy14@nic.in>, "satishkj" <satish.kj@nic.in>, "jsadmn-dopt" <js.admn-dopt@gov.in>, "js-ca" <js-ca@nic.in>, "ddgestt" <ddgestt@indiapost.gov.in>, "anandsunita" <anand.sunita@nic.in>, "nkmishra" <nk.mishra@nic.in>, "js2-mopr" <js2-mopr@gov.in>, "jslr-dolr" <jslr-dolr@nic.in>, "shailendrak" <shailendra.k@nic.in>, "js-skj-dpe" <js-skj-dpe@gov.in>, "js-establishmentmoc" <js-establishment.moc@gov.in>, "vijaymittal" <vijay.mittal@nic.in>, "rpthakur25" <rp.thakur25@nic.in>, "ara-hccg" <ara-hc.cg@gov.in>, "masaldangaurav" <masaldan.gaurav@nic.in>, "minhaj" <minhaj@ias.nic.in>, "information" <information@cbi.gov.in>, "arindammodak" <arindam.modak@gov.in>, "jslegal1" <jslegal1@mea.gov.in>, "jsfilmsinb" <jsfilms.inb@nic.in>, "gnsingh13" <gn.singh13@nic.in>, "jsaa" <jsaa@dae.gov.in>, "js-dor" <js-dor@gov.in>, "cs" <cs@ap.gov.in>, "cs-arunachal" <cs-arunachal@nic.in>, "cs-assam" <cs-assam@nic.in>, "csofficecg" <csoffice.cg@nic.in>, "cs-bihar" <cs-bihar@nic.in>, "csdelhi" <csdelhi@nic.in>, "chiefsecretary" <chiefsecretary@gujarat.gov.in>, "cs-goat" <cs-goat@nic.in>, "cs" <cs@hry.nic.in>, "cs-hp" <cs-hp@nic.in>, "cs-jandk" <cs-jandk@nic.in>, "cs-jharkhand" <cs-jharkhand@nic.in>, "cs" <cs@karnataka.gov.in>, "chiefsecy" <chiefsecy@kerala.gov.in>, "cs" <cs@mp.nic.in>, "cs" <cs@maharashtra.gov.in>, "cs-manipur" <cs-manipur@nic.in>, "cso-meg" <cso-meg@nic.in>, "cs-mizoram" <cs-mizoram@nic.in>, "csngl" <csngl@nic.in>, "csori" <csori@nic.in>, "cs" <cs@punjab.gov.in>, "csraj" <csraj@rajasthan.gov.in>, "cs-sk" <cs-sk@nic.in>, "cs" <cs@tn.gov.in>, "cs-tripura" <cs-tripura@nic.in>, "cs-uttaranchal" <cs-uttaranchal@nic.in>, "csup" <csup@nic.in>, "cs-westbengal" <cs-westbengal@nic.in>, "cs-andaman" <cs-andaman@nic.in>, "cspn" <cs.pn@nic.in>  
Cc: "Pankaj Gangwar Gangwar" <pankaj.gangwar@gov.in>  
Date: Fri, 06 Jun 2025 15:15:27 +0530  
Subject: In-person Malaysian Technical Cooperation Programme (MTCP) Courses on "Financial Crimes in Banking : Detection, Prevention and Compliance" from 22nd to 25th September, 2025 in Kuala Lumpur, Malaysia

===== Forwarded message =====

Sir/Madam,

Please find attachment regarding **In-person Malaysian Technical Cooperation Programme (MTCP) Courses on "Financial Crimes in Banking : Detection, Prevention and Compliance" from 22nd to 25th September, 2025 in Kuala Lumpur, Malaysia**, for information and necessary action.

With regards,

Anil Kumar Chourasia,  
ASO, BPC&T Section  
Bilateral Cooperation Division

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 **17-1-25-final.pdf**  
9818K

No.17/1/2025-BPC&T.  
Government of India  
Ministry of Finance  
Department of Economic Affairs  
(BPC&T Section)

North Block, New Delhi,  
Dated the 6<sup>th</sup> June, 2025.

**TRAINING CIRCULAR**

Subject:- **In-person Malaysian Technical Cooperation Programme (MTCP) Courses on "Financial Crimes in Banking : Detection, Prevention and Compliance" from 22nd to 25th September, 2025 in Kuala Lumpur, Malaysia.**

The Republic of Malaysia has invited nominations for In-person Malaysian Technical Cooperation Programme (MTCP) Courses on "Financial Crimes in Banking : Detection, Prevention and Compliance" from 22nd to 25th September, 2025 in Kuala Lumpur, Malaysia under the Technical Assistance Programme with India. The programme is intended for Government officials from the Ministry of Finance responsible for areas relating to fraud and financial crimes. The eligibility conditions and other information about the course are mentioned in the Information Brochure received from the sponsoring Government (**Annex-I**). Number of slots available for India is **two**.

2. Nomination of candidates is regulated by the guidelines prescribed by DEA, a synopsis of which is attached as **Annex-II**.

3. **The course sponsored by the Government of Malaysia, who will provide round-trip air fare, accommodation, course fees, meals and daily allowance. All nominees are to submit their applications prescribed MTCP forms available at: [https://mtcp.kln.gov.my/mtcpforms/MTCP APPLICATION FORM \(PHYSICAL COURSE\).pdf](https://mtcp.kln.gov.my/mtcpforms/MTCP_APPLICATION_FORM_(PHYSICAL_COURSE).pdf).**

4. The following forms need to be duly completed and certified by the participant and the competent authority of the nominating Ministry/Department :

- (i) Sponsoring Governments application form together with the Medical Report.
- (ii) DEA's prescribed proforma - duly countersigned by competent authority(**Annex-III**).
- (iii) A photocopy of the Passport.

5. **Application Form complete in all respects reach this Department through the Administrative Ministry/Department of Govt. of India /State Government/UT, as the case may be, not later than 12.06.2025 positively at the following address:-**

**Shri Pankaj Gangwar,**  
**Under Secretary (BPC&T),**  
Department of Economic Affairs, Ministry of Finance,  
Room No. 236, North Block, New Delhi-110001.  
Ph:- 011 - 2309 5082,  
Email- [pankaj.gangwar@gov.in](mailto:pankaj.gangwar@gov.in)  
[chourasia.anil@nic.in](mailto:chourasia.anil@nic.in)

.....2/-

6. Incomplete applications and nominations received after the cut-off date will not be entertained. This may please be noted for strict compliance to avoid disappointment at a later stage. The candidates are advised to have their applications processed through their administrative Departments well in time and send complete information asked for in the forms specified above. Details of various short-term training programmes are regularly uploaded on Ministry of Finance's website [www.finmin.nic.in](http://www.finmin.nic.in) under the link "Foreign Training Programmes [<https://mofapp.nic.in/training/default.aspx>].



( Pankaj Gangwar )  
Under Secretary to the Govt. of India

1. Joint Secretary(Admn.), Deptt. Of Financial Services, Jeevan Deep Building, Parliament Street, New Delhi.
2. Joint Secretary (Admn.) of all Ministries/Departments, Government of India.
3. Chief Secretaries of all States Governments/UTs.

TO BE UPLOADED ON MOF'S WEBSITE

[<https://mofapp.nic.in/training/default.aspx>].



**ASIASchool  
of Business**  
in collaboration with MIT Sloan Management

**MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)**

## FINANCIAL CRIMES IN BANKING: DETECTION, PREVENTION, AND COMPLIANCE

📅 22 - 25 September 2025  
🕒 9 AM - 3PM (GMT +8)

📍 Asia School of Business Campus, Kuala Lumpur

📧 For further enquiry, contact us at  
[mcbadmin@asb.edu.my](mailto:mcbadmin@asb.edu.my) or +60320233282

🕒 Application Deadline: 15 JUNE 2025



👤 **Faculty – Alessandro Santoni**  
Advanced CAMS-FCI & CAMS  
Seasoned Central Banker &  
Formerly with the IMF



SCAN TO DOWNLOAD  
THE APPLICATION FORM

### ABOUT MTCP

The Malaysian Technical Cooperation Programme (MTCP) was initiated at the First Commonwealth Heads of Government Meeting (CHOGM) for Asia Pacific Region held in Sydney in February 1978. It was officially launched on 7th September 1980 at the 2nd CHOGM in New Delhi, India to signify Malaysia's commitment to South-South Cooperation, in particular Technical Cooperation among Developing Countries (TCDC).

The MTCP emphasises the development of human resources through the provision of training in various areas which is essential for a country's development. These areas include diplomacy and diplomatic practices, economy, good governance, education, tourism, environment, social development, halal industry, safety and security as well as technology, among others. As of 31st December 2024, over 38,000 participants from 144 recipient countries have benefited from the various programmes offered under the MTCP.

### OBJECTIVES OF THE MTCP

- To share development experiences with other developing countries;
- To strengthen bilateral relations between Malaysia and other developing countries;
- To promote South-South Cooperation (SSC); and
- To promote Technical Cooperation among Developing Countries (TCDC).

For more information, visit:



<https://mtcp.kln.gov.my>



<https://www.facebook.com/MTCPMalaysia>



### ABOUT ASIA SCHOOL OF BUSINESS

The Asia School of Business (ASB), a collaborative effort between Bank Negara Malaysia and the Massachusetts Institute of Technology (MIT) Sloan School of Management, is one of the most prestigious and innovative universities in the world. ASB offers innovative and rigorous MBA, one and only Master in Central Banking and Executive Education programs that equip students with the knowledge, skills, and global perspectives necessary to succeed in the fast-paced and ever-changing business environment.

### PROGRAM OVERVIEW

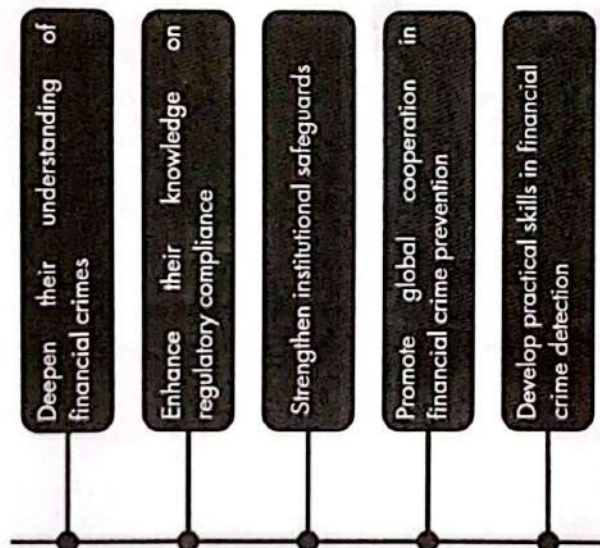
**Financial Crimes in Banking** is a comprehensive 4-day program that fosters the understanding of the tools used by the financial industry to detect and prevent financial crime. In an era where transparency, trust, and compliance have become paramount, this course will equip banking professionals with the essential knowledge and skills required to protect their institutions from financial crime and ensure compliance with evolving regulatory standards. The program is curated to integrate theories into practical applications, providing participants with insights into crucial aspects such as formulating investigation strategies and engaging with different stakeholders effectively.

### TARGET PARTICIPANT

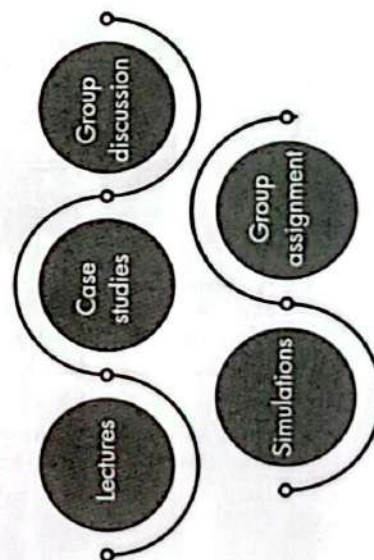
- Central bankers from all specialisations within central banks.
- Government officials from the Ministry of Finance responsible for areas relating to fraud and financial crimes.
- Central bank & government officials who have just embarked and are preparing to move into leadership roles within their central banks and Ministries of Finance

## PROGRAM OBJECTIVES

At the end of the program, participants will be able to:



## LEARNING METHODOLOGIES



## FELLOWSHIP/SCHOLARSHIP

Selected participants will receive support from the Government of Malaysia including:

- Participants will be accommodated ASB Residence. Participants are strictly **not allowed** to bring any family members during the course.
- Participants will be provided with daily allowance.
- A return flight ticket from the capital city of the recipient country to Kuala Lumpur on economy class is provided for participants.
- Meals will be provided throughout the duration of the course.
- All course fees are borne by the Government of Malaysia.
- Participants are required to dress in formal or office attire throughout the class sessions

## VISA & VACCINATION

- All participants **must** enter Malaysia with Visa With Reference (VWR). Participants for the programme will receive a copy of the approval letter from the Asia School of Business (ASB).
- Participant are required to obtain the VWR stamping from the nearest Malaysian Embassy/ High Commission. All costs in relation to obtaining visa to enter Malaysia is to be borne by the participants.
- Participants from countries listed in <https://www.imi.gov.my/index.php/en/main-services/visa/visa-requirement-by-country/> are required to take mandatory vaccination for Yellow Fever at least ten (10) days prior to their departure to Malaysia. Yellow Fever Vaccination certificate is required upon landing in Malaysia.



## APPLICATION CRITERIA

- Must be 50 years of age or below.
- Participants are expected to have at least a professional level of proficiency in English
- Priority will be given to applicants who have never participated in the MTCP course conducted by ASB
- Applications should be made using the MTCP forms available through [https://mtcp.kln.gov.my/mtcpforms/MTCP\\_APPLICATION\\_FORM\\_\(PHYSICAL\\_COURSE\).pdf](https://mtcp.kln.gov.my/mtcpforms/MTCP_APPLICATION_FORM_(PHYSICAL_COURSE).pdf). Application forms can also be obtained from the nearest Malaysian Embassy / High Commission in MTCP recipient countries.
- Submitted application forms must be accompanied by the following documents:
  - Copy of Passport (all coloured pages including blank pages, front & back cover)
  - 2 copies of Passport sized photo (3.5cm x 5cm) with white background
  - 6 months passport validity
  - Medical Report (with clinic's official seal)
- All application forms **must be duly completed and endorsed** by the Ministry of Foreign Affairs of candidates' respective countries and should be submitted only through the diplomatic channel via Malaysian Embassy/ High Commission of Malaysia.
- Successful candidates will be duly notified by Asia School of Business (ASB) one (1) month before the commencement of the course.
- Incomplete and/or unendorsed forms will not be considered.

## MEDICAL

Participants should be certified medically and physically fit to participate in this programme. In the case of emergencies and need of medical treatment, medical expenses at a government hospital will be borne by the Government of Malaysia. However, medical expenses at private hospital and clinics shall be borne by the

## SUMMARY OF GUIDELINES PRESCRIBED BY DEPARTMENT OF ECONOMIC AFFAIRS

Before applying for the training programme, the candidates are requested to satisfy themselves whether they fulfill the eligibility conditions as per the guidelines on Foreign Training Programmes (FTP) administered by the Department of Economic Affairs (DEA), summarized below:-

**Eligibility Conditions**

| Duration of Training | No. of years of service completed in Govt. as on the date of FTP | Upper age limit on the date of FTP | Cooling off period | Limit on participation in number of trainings in a year          |
|----------------------|------------------------------------------------------------------|------------------------------------|--------------------|------------------------------------------------------------------|
| Upto one week        | 5 years                                                          | Less than 58 years                 | Six months         | Two FTPs of duration of less than one week in a calendar year    |
| One to Two weeks     | 7 years                                                          | Less than 58 years                 | One year           | One FTP of duration of one to two weeks in a calendar year       |
| More than two weeks  | 9 years                                                          | Less than 55 years                 | Two years          | One FTP of duration more than two weeks in a period of two years |

**Note:-** Project-related training/official visits abroad are exempted from the provisions of cooling off.

2. Candidates and nominating authorities in Ministries/Departments/State Govts. Etc. should also satisfy themselves about the eligibility conditions prescribed by the sponsoring foreign Government/agency before sending the nomination to DEA.

**HOW TO APPLY**3. **Filling up of application forms:-**

- (i) Ensure that the DEA proforma is duly filled in and is complete in all respects. Without this proforma, application will not be entertained.
- (ii) Ensure that the application form prescribed by the sponsoring agency is also complete in all respect, wherever the sponsoring agency asks for Country Report, the same should also be attached.
- (iii) The column relating to **Vigilance Clearance** in DEA proforma should be filled in and certified by the competent authority. Alternately, vigilance clearance certificate by the concerned authority can also be attached. Applications without vigilance clearance at the time of applying will not be entertained.
- (iv) In case of training programmes which are not fully sponsored and where expenses on Air travel or any other expenses have to be borne by the candidate or his sponsoring Department, ensure that Part-A or Part-B, as the case may be, of the Undertaking Form is duly completed. Applications received without undertaking form will be summarily rejected. It may be noted that submission of undertaking form is not necessary in respect of fully funded training programmes and the candidate can mention 'Not Applicable' in the form.

4. **Nominations:-**

- (i) In case there is more than one nomination for a particular course, the nominating authority State/Central Government should clearly indicate the prioritization of the nominees.
- (ii) Application for the training programme is to be forwarded through the concerned Ministry/Department after completing all necessary formalities. Applications are not to be sent to the sponsoring foreign country/agency direct unless the same has been endorsed by the Nodal Department i.e. DEA.

5. **Clearance:-**

Once the nomination forwarded by DEA to the sponsoring Government is accepted and conveyed to the applicant, he/she will be responsible to complete all pre-departure formalities like obtaining political clearance from MEA and have the sanction order issued from his/her administrative Department etc.

**Abbreviation:-**

JICA - Japan International Cooperation Agency, SCPTA - Singapore Cooperation Programme Training Award, IMF - International Monetary Fund, MTCP - Malaysian Technical Cooperation Programme.

**DEA PROFORMA FOR FOREIGN TRAINING**

|                                                                                                                                                                             |                                         |                                            |                                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------|--------------------------|
| <b>1. Name</b>                                                                                                                                                              |                                         |                                            |                                          |                          |
| <b>2. Date of Birth</b>                                                                                                                                                     |                                         | <b>3. Male/Female</b>                      |                                          |                          |
| <b>4. Educational Qualifications</b>                                                                                                                                        |                                         | <b>5. Date of Entry Into Govt. Service</b> |                                          |                          |
| <b>6. Service to which Officer belongs</b>                                                                                                                                  |                                         | <b>7. Date of Regular appointment</b>      |                                          |                          |
| <b>8. Details of Posts held during the last five years (starting from present) :</b>                                                                                        |                                         |                                            |                                          |                          |
| <b>S.No.</b>                                                                                                                                                                | <b>Post held &amp; Pay level</b>        | <b>Period of Posting</b>                   | <b>Ministry/Department/ Organization</b> | <b>Nature of Work</b>    |
|                                                                                                                                                                             |                                         |                                            |                                          |                          |
|                                                                                                                                                                             |                                         |                                            |                                          |                          |
|                                                                                                                                                                             |                                         |                                            |                                          |                          |
|                                                                                                                                                                             |                                         |                                            |                                          |                          |
| <b>9. Name of training programme applied for and its relevance to the candidate</b>                                                                                         |                                         |                                            |                                          |                          |
| <b>10. Papers etc, if any, published by the candidate</b>                                                                                                                   |                                         |                                            |                                          |                          |
| <b>11. Details of Foreign Training Programmes attended during the last two years :</b>                                                                                      |                                         |                                            |                                          |                          |
| <b>S.No.</b>                                                                                                                                                                | <b>Dates &amp; Duration Of Training</b> | <b>Subject/title of training</b>           | <b>Name of the Training Institution</b>  | <b>Source of funding</b> |
|                                                                                                                                                                             |                                         |                                            |                                          |                          |
|                                                                                                                                                                             |                                         |                                            |                                          |                          |
|                                                                                                                                                                             |                                         |                                            |                                          |                          |
| <b>Signature of the candidate:</b>                                                                                                                                          |                                         |                                            |                                          |                          |
| <b>Office Phone :</b>                                                                                                                                                       |                                         |                                            |                                          |                          |
| <b>Mobile No. :</b>                                                                                                                                                         |                                         |                                            |                                          |                          |
| <b>E-mail :</b>                                                                                                                                                             |                                         |                                            |                                          |                          |
| <b><u>CERTIFICATE</u></b>                                                                                                                                                   |                                         |                                            |                                          |                          |
| Certified that Shri/Ms. _____ is clear from vigilance angle. In case the programme is not fully funded, Undertaking in the prescribed proforma (Part A/Part B) is attached. |                                         |                                            |                                          |                          |
| <b>Signature of the Competent Administrative Authority of the applicant with Name, Designation, Phone Number and Email (alongwith official seal)</b>                        |                                         |                                            |                                          |                          |



## APPLICATION FORM

Please type in capital letters using only English Language.  
Do not leave any space blank. Use "NIL" or "N/A" where applicable

**FOR OFFICIAL USE ONLY**

|                |   |                                                                                                                                                                                                                                                                                                                                                                         |
|----------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reference no   | : | _____                                                                                                                                                                                                                                                                                                                                                                   |
| Received       | : | _____                                                                                                                                                                                                                                                                                                                                                                   |
| Checked        | : | _____                                                                                                                                                                                                                                                                                                                                                                   |
| Recommendation | : | _____                                                                                                                                                                                                                                                                                                                                                                   |
| by Mission     | : | <div style="display: inline-block; border: 1px solid black; width: 60px; height: 40px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 60px; height: 40px; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p><b>YES</b></p> <p><b>NO</b></p> </div> |

|                  |                 |
|------------------|-----------------|
| Title of Course: | Date of Course: |
|------------------|-----------------|

## 1. PERSONAL DETAILS

|                                                                                                                                                                                                                   |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Family Name (surname):                                                                                                                                                                                            | Date of birth:<br>Day   Month   Year |
| First Name:                                                                                                                                                                                                       | Citizenship:                         |
| Other Names:                                                                                                                                                                                                      | Gender:                              |
| City and country of birth:                                                                                                                                                                                        | Marital status:                      |
| Passport No.:                      Expiry Date:<br>Type of Passport: (Diplomatic/Official/Regular)<br><i>*scanned coloured copy of applicants' recent passport (all pages<br/>including front and back cover)</i> | Religion:                            |

## 2. CONTACT DETAILS

|                                              |         |        |                        |      |        |
|----------------------------------------------|---------|--------|------------------------|------|--------|
| Office Address:                              |         |        | Postal / Home Address: |      |        |
| Mobile:                                      |         |        | Home:                  |      |        |
|                                              | Country | Area   | Number                 |      |        |
| Office:                                      | Fax:    |        | Email:                 |      |        |
| Country                                      | Area    | Number | Country                | Area | Number |
| Person to be contacted in case of emergency: |         |        |                        |      |        |
| <u>Family</u>                                |         |        | <u>Office</u>          |      |        |
| Name:                                        |         |        | Name:                  |      |        |
| Relation:                                    |         |        | Position:              |      |        |
| Mobile Number:                               |         |        | Mobile Number:         |      |        |
| Address:                                     |         |        | Address:               |      |        |
| Email:                                       |         |        | Email:                 |      |        |

3

**NOTE: This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.**

**3. EDUCATION**

| Name of institution and place of study | Major/Field of study | Years | Degree |
|----------------------------------------|----------------------|-------|--------|
|                                        |                      |       |        |
|                                        |                      |       |        |
|                                        |                      |       |        |

**4. EMPLOYMENT RECORD**

| <b>A. Present or most recent post</b>        | <b>B. Previous post</b>                      |
|----------------------------------------------|----------------------------------------------|
| Employer:                                    | Employer:                                    |
| Years of service (from – to):                | Years of service (from – to):                |
| Title of your post/position:                 | Title of your post/position:                 |
| Type of organization:                        | Type of organization:                        |
| Government / Semi Government / Private / NGO | Government / Semi Government / Private / NGO |

Job description:

Please continue on supplementary pages if necessary

**NOTE:** This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that 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 course.

Please continue on supplementary pages if necessary

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

Name of Programme:

Organiser:

Year:

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

Name of Course:

Name of Training Institute:

Year:

**6. ENGLISH LANGUAGE PROFICIENCY**

|           | Excellent | Good | Fair | Basic | Remarks |
|-----------|-----------|------|------|-------|---------|
| Listening |           |      |      |       |         |
| Speaking  |           |      |      |       |         |
| Writing   |           |      |      |       |         |
| Reading   |           |      |      |       |         |

Mother tongue : \_\_\_\_\_

**NOTE:** This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

## 7. MEDICAL REPORT

|                                                                                                                                                                                                                                                                                                                |         |                                                                                                                          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------|------------|
| 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 ( )                                                                                                                                                   |         |                                                                                                                          |            |
| Any history of surgery?                                                                                                                                                                                                                                                                                        |         | Is the person examined physically and mentally able to carry out intensive training away from home?                      |            |
| a) Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases, COVID - 19, etc.)?<br><br>b) Please attach the vaccine certificate as proof that you have completed the COVID vaccination.                                                                                          |         | 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:                                                                                                          |            |
| I certify that the applicant is medically fit to undertake a course in Malaysia.<br><br>Name of Physician : _____<br><br>Address of Clinic : _____<br>(printed) _____<br><br>Telephone : _____<br>(printed) _____<br><br>Email : _____ Date: _____<br><br>Signature of Physician : _____ Seal of Clinic: _____ |         |                                                                                                                          |            |

**NOTE:** This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

## 8. 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 national focal point for technical cooperation in your country. Forms that 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 national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

**10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

Reasons for applicant's selection

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

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Relevance of the course to applicant's job

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**NOTE:** This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

**11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

**OFFICIAL DECLARATION BY THE NOMINATING AGENCY**

On behalf of the Government of \_\_\_\_\_, I \_\_\_\_\_  
Country Name of Official

Certify that:

- 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
- 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;
- Should the nominee seek medical consultation/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; and
- 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 Organization

\_\_\_\_\_  
Country code Area code Office tel no.

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Country code Area code Office tel no.

**ENDORSEMENT BY THE MINISTRY OF FOREIGN AFFAIRS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email Address

(Ministry's Official Stamp)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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