



Ruj : KKM.500/3/4/9 Jld.31(8)
Tarikh : 19 Januari 2023

SEPERTI DI SENARAI EDARAN

YBhg. Datuk/ Dato'/ Datin/ Tuan/ Puan,

PEMAKLUMAN TAWARAN BIASISWA SEAMEO TROPMED NETWORK DAN PENCALONAN UNTUK MENGHADIRI KURSUS DIPLOMA IN MEDICAL MICROBIOLOGY (DMM), DAN DIPLOMA IN APPLIED PARASITOLOGY AND ENTOMOLOGY (DAP&E) DI INSTITUT PENYELIDIKAN PERUBATAN (IMR)

Dengan segala hormatnya saya merujuk perkara di atas.

2. Sukacita dimaklumkan bahawa Secretary General/Coordinator SEAMEO TROPMED Network, Bangkok menerusi Institut Penyelidikan Perubatan Malaysia (IMR), Kuala Lumpur telah mempelawa peserta dari Kementerian Kesihatan Malaysia yang berkelayakan untuk memohon tawaran Biasiswa SEAMEO TROPMED Network bagi mengikuti **Kursus Diploma In Medical Microbiology (DMM), Dan Diploma In Applied Parasitology And Entomology (DAP&E) 2023** di Institut Penyelidikan Perubatan (IMR).
3. Satu biasiswa tersebut boleh dikongsi sama oleh 2 hingga 5 peserta Malaysia. Kedua-dua kursus ini adalah merupakan kursus Post Graduate Diploma dan akan bermula serentak pada **8 Mei 2023 hingga 12 November 2023**.
4. Calon dinasihatkan untuk memahami syarat-syarat dan mengikuti tatacara permohonan yang ditetapkan bagi mengelakkan permohonan tersebut ditolak. **Ketua Jabatan adalah dicadangkan supaya hanya menyokong dan mempertimbangkan calon-calon yang layak, sesuai serta memenuhi syarat-syarat yang ditetapkan.**
5. Ketua Jabatan adalah dinasihatkan supaya membuat semakan yang teliti dan memberi sepenuh perhatian kepada syarat-syarat yang ditetapkan. Oleh itu, adalah



menjadi tanggungjawab Ketua Jabatan untuk memperakukan pegawai-pegawai yang sesuai serta memenuhi syarat-syarat yang ditetapkan sahaja.

6. Sehubungan itu, permohonan perlu **dikemukakan terus dan perlu diterima oleh pihak BPL KKM** seperti alamat di bawah **sebelum atau pada 22 Februari 2023 (Rabu)** kepada:

Program Kepakaran 2
Cawangan Operasi Latihan
Bahagian Pengurusan Latihan, KKM
Aras 6, Menara Prisma, No 26, Persiaran Perdana, Presint 3
62675, Putrajaya
(u/p: En.Khairul Annuar bin Mohd Yunos)

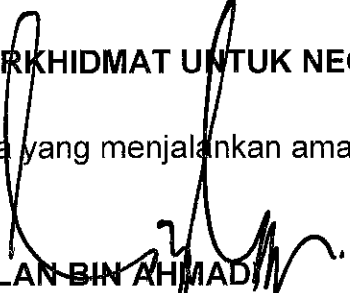
7. Setiap permohonan yang dikemukakan perlu mematuhi tarikh tutup yang ditetapkan oleh pihak Kementerian Kesihatan Malaysia seperti di atas dan perincian maklumat adalah seperti di **Lampiran A. Permohonan yang lewat di terima tidak akan dipertimbangkan.**

8. Kerjasama YBhg. Datuk/ Dato'/ Datin/ Tuan/ Puan adalah dipohon untuk memaklumkan tawaran ini kepada semua pegawai yang berminat dan berkelayakkan di Jabatan YBhg. Datuk/ Dato'/ Datin/ Tuan/ Puan.

Sekian, terima kasih.

"BERKHIDMAT UNTUK NEGARA"

Saya yang menjalankan amanah,


(AZLAN BIN AHMAD)
Bahagian Pengurusan Latihan
b.p Ketua Setiausaha
Kementerian Kesihatan Malaysia

s.k.

Timbalan Ketua Setiausaha (Pengurusan)
Kementerian Kesihatan Malaysia

Timbalan Ketua Pengarah Kesihatan (Perubatan)
Kementerian Kesihatan Malaysia

Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam)
Kementerian Kesihatan Malaysia

Timbalan Ketua Pengarah Kesihatan (Sokongan&Teknikal)
Kementerian Kesihatan Malaysia

Pengarah Kanan
Bahagian Kesihatan Pergigian
Kementerian Kesihatan Malaysia

Pengarah Kanan
Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia

Pengarah
Bahagian Sains Kesihatan Bersekutu
Kementerian Kesihatan Malaysia

Pengarah Kanan
Bahagian Keselamatan Dan Kualiti Makanan
Kementerian Kesihatan Malaysia

Pengarah
Bahagian Kejururawatan
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Pengurusan Maklumat
Kementerian Kesihatan Malaysia

Setiausaha Bahagian Kanan
Bahagian Pembangunan
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Dasar dan Hubungan Antarabangsa
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Sumber Manusia
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Pengurusan Latihan
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Pembangunan Kompetensi
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Khidmat Pengurusan
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Kewangan
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Perolehan & Penswastaaan
Kementerian Kesihatan Malaysia

Setiausaha Bahagian
Bahagian Akaun
Kementerian Kesihatan Malaysia

Penasihat Undang-Undang
Pejabat Penasihat Undang-Undang
Kementerian Kesihatan Malaysia

Ketua Audit Dalam
Cawangan Audit Dalam
Kementerian Kesihatan Malaysia

Ketua Unit
Unit Komunikasi Korporat
Kementerian Kesihatan Malaysia

SENARAI EDARAN

Jabatan Kesihatan Negeri Johor
Tingkat 3 & 4 Blok B, Wisma Persekutuan,
Jalan Air Molek, 80590 Johor Bahru
Johor Darul Takzim

Jabatan Kesihatan Negeri Kedah
Simpang Kuala, Jalan Kuala Kedah,
05400 Alor Setar, Kedah Darul Aman,

Jabatan Kesihatan Negeri Kelantan
Tingkat 5, Wisma Persekutuan,
15590 Kota Baharu, Kelantan Darul Naim.

Jabatan Kesihatan Negeri Melaka
Tingkat 3, 4, dan 5, Wisma Persekutuan,
Jalan Business City, Bandar MITC 75450 Ayer Keroh, Melaka.

Jabatan Kesihatan Negeri Pahang
Jalan IM 4, Bandar Indera Mahkota
25582 Kuantan
Pahang Darul Makmur

Jabatan Kesihatan Negeri Perak
Jalan Panglima Bukit Gantang Wahab,
30590 Ipoh,
Perak Darul Ridzuan.

Jabatan Kesihatan Negeri Perlis
Jalan Raja Syed Alwi,
01000 Kangar, Perlis Indera Kayangan.

Jabatan Kesihatan Negeri Pulau Pinang
Jabatan Kesihatan Negeri Pulau Pinang (Bahagian Pengurusan)
Tingkat 7, Bangunan MARA No. 33
Jalan Pangkalan Weld
10300 Pulau Pinang

Jabatan Kesihatan Negeri Sabah
Tingkat 3, Rumah Persekutuan, Jalan Mat Salleh,
88590 Kota Kinabalu, Sabah.

Jabatan Kesihatan Negeri Sarawak
Jalan Diplomatik, Off Jalan Bako,
93050 Kuching, Sarawak.

Jabatan Kesihatan Negeri Selangor
Tingkat 9, 10, 11 & 17, No. 1, Wisma Sunway,
Jalan Tengku Ampuan Zabedah C 9/C,
Seksyen 9, 40100 Shah Alam, Selangor.

Jabatan Kesihatan Negeri Sembilan
Jalan Rasah 70300 Seremban
Negeri Sembilan Darul Khusus.

Jabatan Kesihatan Negeri Terengganu
Tingkat 5, Wisma Persekutuan Jalan Sultan Ismail
20920 Kuala Terengganu, Terengganu Darul Iman.

Jabatan Kesihatan WP Kuala Lumpur
Jalan Cenderasari,
50590 Kuala Lumpur, Wilayah Persekutuan.

Jabatan Kesihatan WP Labuan
Peti surat 80832,
87018 Wilayah Persekutuan Labuan.

Pengarah Institusi - Institusi Latihan KKM

SYARAT-SYARAT PERMOHONAN

1. Pemohon-pemohon hendaklah memenuhi syarat-syarat berikut :

- a) Pegawai kerajaan Kumpulan Pengurusan dan Profesional yang sedang dalam perkhidmatan tetap;
- b) Telah disahkan dalam skim perkhidmatan semasa pada tarikh tutup permohonan;
- c) Telah berkhidmat sekurang-kurangnya selama tiga (3) tahun pada tarikh tutup permohonan;
- d) Umur tidak melebihi 45 tahun pada tarikh tutup permohonan;
- e) Mempunyai penguasaan Bahasa Inggeris yang baik;
- f) Mempunyai prestasi cemerlang dengan purata markah Laporan Penilaian Prestasi Tahunan (LNPT) bagi tiga (3) tahun terakhir berturut-turut (2020, 2021 dan 2022) tidak kurang daripada 85% (penilaian genap 12 bulan bagi setiap tahun);
- g) Bersih daripada pertuduhan / tindakan tatatertib dan bebas daripada dakwaan mahkamah;
- h) Tiada mengikuti kursus pendek di luar negara dalam tempoh satu (1) tahun kebelakangan atau kursus panjang dalam tempoh dua (2) tahun kebelakangan (dikira dari tarikh tutup permohonan);
- i) Kursus yang diikuti adalah bersesuaian dengan bidang tugas;
- j) Mempunyai kelayakan Ijazah dalam bidang Perubatan, Biologi dan Sains Kesihatan yang berkaitan; dan

TATACARA PERMOHONAN

1. Calon perlu melengkapkan dan menyediakan dokumen-dokumen berikut:-
 - a) Satu (1) set Borang Permohonan KKM/CUTIBELAJAR P&P;
 - b) Tiga (3) set Borang Permohonan Biasiswa SEAMEO TROPMED yang disokong oleh Ketua Jabatan/ Unit;
 - c) Tiga salinan (3) salinan Sijil Akademik (termasuk kelayakan Bahasa Inggeris) dan Rekod Transkrip yang telah disahkan;
 - d) Dua (2) set borang Perakuan Sijil Kesihatan (*Certificate of Health*);
 - e) Satu (1) salinan Buku Perkhidmatan yang terkini dan disahkan; dan
2. Permohonan dengan dokumen yang tidak lengkap dan tidak memenuhi syarat kelayakan yang ditetapkan tidak akan diproses untuk tujuan pertimbangan.
3. Sebarang pertanyaan berkaitan permohonan ini boleh dirujuk ke Program Kepakaran 2, Bahagian Pengurusan Latihan, KKM seperti berikut:-

Urusetia Tajaan Asing/Luar
No. Telefon: 03-8885 0718 / 03-8885 0660
Email: kepakaran2@moh.gov.my



KEMENTERIAN KESIHATAN MALAYSIA
BAHAGIAN PENGURUSAN LATIHAN

BORANG PERMOHONAN
PERMOHONAN MENGIKUTI KURSUS DALAM PERKHIDMATAN
(JANGKA SEDERHANA/PANJANG)
BAGI KUMPULAN P&P SESI.....
*TAJAJAN LUAR / FELLOWSHIP (SELAIN DARIPADA TAWARAN A)

Gambar
Terkini
Ukuran
Paspot
(warna)

(Sila tandakan pada salah satu petak yang berkenaan)

A	MAKLUMAT PERIBADI	
1	Nama Penuh (Mengikut Kad Pengenalan)	
2	No. Kad Pengenalan	<p>Lama : <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Baru : <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>(Sila sertakan salinan kad pengenalan yang disahkan)</p>
3	Jantina	<input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan
4	Umur	
5	Alamat Rumah (Sila isi alamat terkini dengan lengkap)	
6	Alamat Pejabat (Sila isi alamat terkini dengan lengkap)	

7	No. Telefon	Rumah	<input type="text"/>									
		Pejabat	<input type="text"/>									
		Telefon Bimbit	<input type="text"/>									
8	No. Fax Pejabat	<input type="text"/>										
9	Alamat Emel											
10	Taraf Perkahwinan	<input type="checkbox"/> Bujang	<input type="checkbox"/> Kahwin	<input type="checkbox"/> Janda/Duda								
11	Nama Suami / Isteri											
12	Pekerjaan Suami / Isteri											
13	Alamat Pejabat Suami / Isteri <i>(Sila isi alamat dengan lengkap)</i>											
14	No.Tel Waris Terdekat Untuk Dihubungi	<input type="text"/>										
B MAKLUMAT AKADEMIK												
		Bidang & Institusi/Universiti	Kelas/CGPA	Tahun								
1	Diploma											
2	Ijazah Pertama											
3	Sarjana											

2	Kelayakan Tambahan (mengikut bidang yang dipohon) (Diisi oleh Pegawai Perubatan)	Perkara	Keputusan
		Peperiksaan Part 1 / A	
		Peperiksaan Part 2 / B	
		Peperiksaan IELTS	

C MAKLUMAT PERKHIDMATAN

1	Jawatan & Gred	<table border="1" style="width: 100px; height: 20px; margin-bottom: 5px;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> Jawatan (Nyatakan) :								
2	Taraf Lantikan	<input type="checkbox"/> Tetap <input type="checkbox"/> Kontrak <input type="checkbox"/> Sambilan								
3	Tarikh Lantikan	<table border="1" style="width: 200px; height: 20px;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>								
4	Tarikh Pengesahan Jawatan	<table border="1" style="width: 200px; height: 20px;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>								

D KURSUS YANG PERNAH DIKUTI/BIASISWA YANG PERNAH DITERIMA

Kursus yang pernah diikuti dalam tempoh 2 tahun yang lepas (sila buat lampiran jika ruang tidak mencukupi)

Nama Kursus	Anjuran/Tempat	Tempoh/Tarikh

Biasiswa yang pernah diterima:-

Penaja	Tarikh/Tempoh Biasiswa	Kursus yang diikuti	Tempoh Kontrak

E : KURSUS YANG DIPOHON

Nama Kursus :.....

Peringkat Kursus : Sarjana / Ph.D *

Tarikh Mula dan Tamat Kursus :.....

Tempoh Kursus :.....

Tempat Kursus :.....

Tajaan/Biasiswa :.....

*Potong bagi yang berkenaan

F | PERAKUAN PEMOHON

1. Saya dengan ini mengaku bahawa saya bebas daripada penyakit yang menjejaskan keupayaan saya untuk mengamalkan perubatan (*unfit to practice*) dari segi fizikal dan mental seperti yang terkandung dalam Akta 1971 termasuk penyakit berjangkit bawaan darah seperti HIV/AIDS dan sebagainya. Sekiranya saya didapati mengidap penyakit

tersebut, saya bersetuju bahawa pihak Kementerian berhak membatalkan permohonan ini serta merta tanpa memaklumkan kepada saya terlebih dahulu.

2. Saya mengaku bahawa saya telah baca dan faham mengenai Dasar Pelaksanaan Tindakan Penalti Kepada Pemegang Biasiswa Dalam Perkhidmatan Yang Gagal Menamatkan Pengajian Dengan Jaya yang berkuatkuasa ke atas saya sekiranya saya berjaya mendapat tawaran ini.

3. Saya mengaku bahawa semua keterangan di atas adalah benar dan permohonan ini adalah lengkap. Sekiranya kenyataan yang diberikan tidak benar atau permohonan ini tidak lengkap, saya bersetuju bahawa pihak Kementerian berhak membatalkan permohonan ini serta merta tanpa memaklumkan kepada saya terlebih dahulu.

Tarikh:

Tandatangan dan Cop Jabatan Pemohon

G | KELULUSAN KETUA JABATAN

Saya mengesahkan bahawa kenyataan yang diberikan oleh pegawai adalah benar dan permohonan beliau adalah lengkap.

Saya bersetuju pegawai ditempatkan di perjawatan sedia ada (PTJ) dan bukan di JSL.

Pegawai *boleh / tidak boleh dilepaskan untuk menjalani kursus pada sesi yang dipohon.

Disokong oleh:
(PENYELIA)

Diluluskan oleh:
(KETUA JABATAN)

Tandatangan:

Tandatangan:

Nama:

Nama:

Jawatan:

Jawatan:

Cop:

Cop:

Tarikh:

Tarikh:

Nota : Ketua Jabatan (Pengarah Bahagian KKM/JKN/Hospital/ Ketua PTJ)

Tarikh kemas kini : Januari 2023

BORANG PERAKUAN BAHAGIAN/UNIT SUMBER MANUSIA

JABATAN/AGENSI:

KEMENTERIAN:

BUTIR-BUTIR PERKHIDMATAN

- a) Nama :
- b) No. K/P :
- c) Tarikh Lahir :
- d) Umur :
- e) Skim Perkhidmatan :
- f) Gred Jawatan Hakiki :
- g) Tarikh Lantikan : (dalam skim perkhidmatan terkini)
- h) Tarikh Sah : (dalam skim perkhidmatan terkini)
- i) Markah Laporan Penilaian Prestasi Tahunan (**Penilaian LNPT genap 12 bulan**)
(dalam skim perkhidmatan terkini):
- | | | | | | |
|------|-------|---|----------------------------|--------|---|
| i. | Tahun | : | 2018 (LNPT : Bulan) | Markah | : |
| ii. | Tahun | : | 2019 (LNPT : Bulan) | Markah | : |
| iii. | Tahun | : | 2020 (LNPT : Bulan) | Markah | : |
| iv. | Tahun | : | 2021 (LNPT : Bulan) | Markah | : |
| v. | Tahun | : | 2022 (LNPT : Bulan) | Markah | : |
- j) Prosiding/Tindakan Tatatertib : Ada / Tiada
- k) Pengisytiharan harta : Isytihar /Belum Isytihar
- l) Tarikh pengisytiharan harta : _____
- m) Telah mengemaskini data peribadi di dalam HRMIS: Kemaskini / Belum Kemaskini
- n) Pegawai pernah diluluskan Cuti Tanpa Gaji (CTG) dalam tempoh 5 tahun terkini
- Tidak
- Ya
- 1) Tarikh mula - Tarikh Tamat..... Tempoh.....
- 2) Tarikh mula - Tarikh Tamat..... Tempoh.....

o) Pegawai pernah diluluskan Cuti Separuh Gaji (CSG) dalam tempoh 5 tahun terkini

Tidak

Ya

1) Tarikh mula - Tarikh Tamat..... Tempoh.....

2) Tarikh mula - Tarikh Tamat..... Tempoh.....

Saya mengesahkan bahawa kenyataan yang diberikan di atas adalah benar dan permohonan adalah lengkap.

DIPERAKUKAN OLEH:
(Diisi oleh Unit Sumber Manusia)

Tandatangan:

Nama:

Jawatan:

Jabatan:

Tarikh:

Cop Rasmi Jabatan:

Tarikh kemas kini : Januari 2023

SENARAI SEMAK

PERMOHONAN MENGIKUTI KURSUS DALAM PERKHIDMATAN (JANGKA SEDERHANA/PANJANG)

Penting: Setiap dokumen hendaklah dikemukakan dalam 2 salinan yang lengkap dan disahkan

	Diisi oleh:	
	Calon	KKM
1. Borang permohonan mengikuti Kursus Dalam Perkhidmatan KKM/CUTIBELAJAR P&P	<input type="checkbox"/>	<input type="checkbox"/>
2. Borang Perakuan Sumber Manusia (Lampiran C)	<input type="checkbox"/>	<input type="checkbox"/>
3. Surat (<i>Covering letter</i>) daripada Jabatan/Tempat Bertugas dengan sokongan/ulasan dari segi kebenaran mengikuti Latihan/kesesuaian bidang;	<input type="checkbox"/>	<input type="checkbox"/>
4. Salinan surat tawaran rasmi (<i>unconditional offer</i>) daripada Universiti/Institusi dan syarat-syarat yang dikenakan	<input type="checkbox"/>	<input type="checkbox"/>
5. Senarai penuh subjek yang akan di ambil berserta kalendar akademik Universiti	<input type="checkbox"/>	<input type="checkbox"/>
6. Salinan surat tawaran daripada Tajaan Luar / Biasiswa Asing	<input type="checkbox"/>	<input type="checkbox"/>
7. Salinan Kad Pengenalan	<input type="checkbox"/>	<input type="checkbox"/>
8. Salinan Buku Perkhidmatan terkini yang telah dikemaskini	<input type="checkbox"/>	<input type="checkbox"/>

PERAKUAN PEMOHON	
Nama:	
Jawatan:	
Jabatan:	

UNTUK KEGUNAAN BAHAGIAN PENGURUSAN LATIHAN KKM	
Nama:	
Cop Jabatan:	
Tarikh:	

Tarikh kemas kini : Januari 2023



INSTITUT KESIHATAN NEGARA
NATIONAL INSTITUTES OF HEALTH (NIH)
KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT PENYELIDIKAN PERUBATAN (IMR)
Aras 6, Blok C6
No.1, Jalan Setia Murni U13/52
Seksyen U13 Bandar Setia Alam
40170 SHAH ALAM, SELANGOR

Telefon : 603-3362 7900
Faksimili : 603-3362 7901

Ruj.: IMR/SEAMEO/2023/01 (04)

Tarikh: 11 Januari 2023

Ketua Setiausaha
Kementerian Kesihatan Malaysia (KKM)
Bahagian Pengurusan Latihan
Aras 6, No: 26, Persiaran Perdana, Presint 3
Pusat Pentadbiran Kerajaan Persekutuan
62675 Putrajaya
(u.p.: En Mohd Akbal bin Ghazali)

Tuan,

**MEMAKLUMKAN BIASISWA SEAMEO TROP MED NETWORK DAN
PENCALONAN UNTUK MENGHADIRI KURSUS DIPLOMA IN MEDICAL
MICROBIOLOGY (DMM), DAN DIPLOMA IN APPLIED PARASITOLOGY AND
ENTOMOLOGY (DAP&E) DI INSTITUT PENYELIDIKAN PERUBATAN (IMR)**

Dengan hormatnya, merujuk kepada perkara tersebut di atas.

2. Dengan sukacitanya, saya ingin memaklumkan bahawa kami telah menerima surat tawaran biasiswa SEAMEO TROP MED Network daripada Prof. Dr. Pratap Singhasivanon, Secretary General/Coordinator SEAMEO TROP MED Network, Bangkok. Satu biasiswa ditawarkan kepada peserta Malaysia untuk mengikuti kursus DMM 2023 dan satu biasiswa juga ditawarkan kepada peserta Malaysia untuk mengikuti kursus DAP&E 2023. Satu biasiswa tersebut boleh dikongsi sama oleh 2 hingga 5 peserta Malaysia.
3. Kedua-dua kursus ini adalah merupakan kursus Post Graduate Diploma dan akan bermula serentak pada 8 Mei 2023 hingga 12 November 2023.
4. Sehubungan dengan itu, pihak kami memohon jasa baik pihak Tuan untuk menghebahkan maklumat ini kepada jabatan-jabatan yang berkenaan di Kementerian Kesihatan Malaysia. Bersama ini disertakan risalah kursus DMM 2023 dan DAP&E 2023 untuk maklumat dan tindakan selanjutnya.

5. Setiap calon dikehendaki mengisi:

- i) Dua salinan borang permohonan SEAMEO TROPMED dan perlu mendapat sokongan daripada Ketua Unit, Ketua Jabatan atau mana-mana pihak atasan yang berkaitan dengan pemohon. (Borang permohonan SEAMEO TROPMED adalah seperti dalam lampiran).
- ii) Menyertakan dua salinan sijil akademik dan rekod transkrip.
- iii) Sijil Kesihatan.

6. Permohonan yang menepati keperluan untuk menjalani kursus, dan diterima oleh pihak Tuan, perlu dihantar ke IMR untuk tindakan selanjutnya.

Segala kerjasama pihak Tuan amat kami hargai dan didahului dengan ucapan ribuan terima kasih.

Sekian.

“BERKHIDMAT UNTUK NEGARA”

Saya yang menjalankan amanah



(DR. HAJI TAHIR BIN ARIS)
(MPM:28418) (NSR:127511)

Pengarah

Institut Penyelidikan Perubatan, dan
SEAMEO-TROPMED Network Malaysia
Institut Kesihatan Negara
Kementerian Kesihatan Malaysia

DR RAVINDRAN THAYAN
Perunding Molekular Virologi
Profesor Adjung (UIAM)
Ketua Pusat
Pusat Penyelidikan Penyakit Berjangkit (IDRC)
Institut Penyelidikan Perubatan (IMR)
Institut Kesihatan Negara (NIH), KKM

Dr Ravindran



SOUTHEAST ASIAN MINISTERS OF EDUCATION ORGANIZATION (SEAMEO)
REGIONAL TROPICAL MEDICINE AND PUBLIC HEALTH NETWORK (TROPMED)



TROPMED CENTRAL OFFICE

420/6 Ratchawithi Road, Bangkok 10400, Thailand

Tel.: + 66 (0) 2354 9145, 2354 9146, 2644 4331, 2644 5135; Fax: + 66 (0) 2354 9144

E-mail: secretariat@seameotropmednetwork.org

Website: www.seameotropmednetwork.org

No. TROPMED/003/2023

10 January 2023

Dr. Haji Tahir bin Aris

Director, Institute for Medical Research (IMR) and
Director, SEAMEO TROPMED Regional Centre for
Microbiology, Parasitology and Entomology
Block C, Level 6

National Institutes of Health (NIH) Complex

No. 1, Jalan Setia Murni U13/52

Section U13, Setia Alam City

40170 Shah Alam, Selangor, MALAYSIA

Tel: +60-3-3362 8900

Fax: +60-3-2693 9335

E-mail: tahir.a@imr.gov.my

Dear Dr. Tahir,

**Diploma in Medical Microbiology (DMM) and
Diploma in Applied Parasitology and Entomology (DAP&E)
8 May – 12 November 2023, IMR, Kuala Lumpur, Malaysia**

We are pleased to confirm that SEAMEO TROPMED Network will award one scholarship to be shared by candidates from Malaysia for Diploma in Medical Microbiology Course and one scholarship to be shared by Malaysian candidates for Diploma in Applied Parasitology and Entomology (DAP&E) Course beginning 8 May – 12 November 2023.

Kindly submit names and application of candidates of each programme for our further action.

Yours sincerely,

Assoc. Prof. Pratap Singhasivanon
Secretary General/Coordinator



HOW TO APPLY?

Candidates who are interested should fill in SEAMEO-TROPMED fellowship or IMR Application Form and follow the application procedures.

*SEAMEO-TROPMED fellowship and IMR Application Form can be obtained from IMR website:
<http://www.imr.gov.my/index.php/en/training/course-a-training>

APPLICATION PROCEDURES

FULL DAP&E COURSE

a) SEAMEO TROPMED Programme

Applications must be made using SEAMEO-TROPMED fellowship forms obtainable from IMR Website or from SEAMEO-TROPMED Secretariat, Faculty of Tropical Medicine, Mahidol University, 420/6 Rajvithi Road, Bangkok 10400, Thailand. Applications must be made through the applicant's government to the SEAMEO-TROPMED Secretariat in Bangkok. Applications are open to applicants from ASEAN member countries only.

b) Other sponsors and private candidates

Candidates who received sponsorship from other agencies (such as: applying for WHO scholarship or sponsored by own country) are required to specify sponsorship write in the application form. The application must be to the Director, SEAMEO TROPMED Network Malaysia, Institute for Medical Research, National Institutes of Health (NIH) and to the Secretariat of SEAMEO TROPMED Network Malaysia, Institute for Medical Research.

MODULAR COURSE

Applications must be submitted to the Director, SEAMEO TROPMED Network Malaysia / Institute for Medical Research, and to the Secretariat of SEAMEO TROPMED Network Malaysia, Institute for Medical Research.

DEADLINE OF SUBMISSION

Not later than 8 weeks before the commencement of the course

ACCOMMODATION

The Institute will provide hostel rooms (with basic facility and shared bathroom).
Food is not provided in the hostel.



For further enquiries, prospective applicants can communicate with the respective official preferably by email:

THE SECRETARIAT

SEAMEO-TROPMED NETWORK MALAYSIA
INSTITUTE FOR MEDICAL RESEARCH (IMR),
NATIONAL INSTITUTES OF HEALTH (NIH),
1 JALAN SETIA MURNI U13/52, SECTION U13, SETIA ALAM,
40170 SHAH ALAM, SELANGOR, MALAYSIA

603-3362 8068 seameo@moh.gov.my Seameo Tropmed Network Malaysia



Diploma in Applied Parasitology & Entomology (DAP&E)

Course Duration:

8 May 2023 - 12 November 2023

**SEAMEO-TROPMED Regional Centre for
Microbiology, Parasitology & Entomology,**
Institute for Medical Research (IMR)
Setia Alam, Selangor

OBJECTIVE

This course aims to provide an overview of the major parasitic diseases of man and their vectors. The training provided would enable the participants to;

- Understand, interpret and apply the basic epidemiological and statistical methods.
- Understanding of the biology and the life cycles of the major parasites and of their vectors or intermediate hosts.
- Identify (diagnosis) of the major parasites, vectors and intermediate hosts of some parasitic diseases using basic and molecular approaches.
- Understanding the pathogenesis and pathology of the major parasitic diseases and the immune responses to these parasites.
- Appreciate the epidemiology of the major parasitic infections.
- Appreciate methods available for chemotherapy and control of the parasitic diseases.
- Comprehend methods used in the studying of medical entomology in the laboratory and in the field.
- Enable to conduct own research projects.

The course is designed to train scientists, doctors and other health personnel for research, diagnostic services, control programmes and teaching institutions in Applied Parasitology and Entomology.

ENTRANCE REQUIREMENT

Applicant must have:

- A good command of English because the course and examinations will be conducted in English language.
- Basic degree in medical, biological or health sciences.
- Working in the field of entomology, parasitology, arthropods borne diseases control or related areas.
- Should be between 23 to 46 years old at the closing date of the application
- Should be certified medically and physically fit to participate in this programme

COURSE METHODOLOGY

Consist of lectures, demonstrations, hands-on laboratory practicals, field trips to collect samples and study visits, preparation of dissertation, conduct short research project, post module assessment, and final examination (consists of theory and practical assessment).

COURSE MODULES

The Course consists of the following modules:

- | | | |
|---|---------------------------------|--------------------|
| ✓ Presentation skill for new author | ✓ Molecular Biology | ✓ Acarology |
| ✓ General Principles in Infectious Diseases | ✓ Biostatistic and Epidemiology | ✓ Parasitology |
| ✓ Hematology and Immunology | ✓ Medical Entomology | ✓ Research Project |

COURSE FEE

DAP&E FULL COURSE

Every participant is required to pay a course fee of **RM 18,500.00** (exclusive of food and accommodation) before commencement of the course.

DAP&E MODULAR COURSE

Participant may also apply to attend a particular module offered by the course. The participants will join the class with the other participants of the course, including practical sessions. However, acceptance to the modular course is subject to availability of seats.

Modular Courses offered during the DAP&E course;

NO	MODULES	APPROX. DURATION
1	General Epidemiology	2 weeks
2	Development of Student Thesis and Research Project	1 week
3	General Principles in Infectious Diseases	1 week
4	Introduction to Medical Entomology	1 day
5	Vector of Arboviral Diseases	3 days
6	Other Vectors and Pests of Imporance to Food and Tourism Industries	4 days
7	Vector of Malaria and Filariasis	1 week
8	Vector Control and Techniques in Insecticide Application	3 days
9	Applied Entomological Tools and Techniques	3 days
10	Acarology in Public Health	4 days
11	Field Techniques in Acarology and Processing Animals for Acari	4 days
12	Arthropod-Borne Protozoan Diseases	7 days
13	Arthropod-Borne Nematode Diseases	3 days
14	Intestinal & Free Living Protozoa and Related Diseases	6 days
15	Soil-Transmitted Helminthiasis and Other Nematode Diseases	3 days
16	Trematode and Cestode Diseases	3 days
17	Research Project	20 weeks

ASSESSMENT OF CANDIDATE

There will be continuous assessment of the candidate through the Course:

- Assessment at the end of each module
- Assignment of literature review including oral presentation
- Assessment of research project conducted
- Final examination (theory, practical, spot test, and viva voce)

The decision of the Board of studies regarding the examination result is final. Successful candidates who completed the full course will be awarded the Diploma in Applied Parasitology and Entomology. Certificates of attendance will be provided for those attending individual modules.



HOW TO APPLY?

Candidates who are interested should fill in SEAMEO-TROPMED fellowship or IMR Application Form and follow the application procedures.

*SEAMEO-TROPMED fellowship and IMR Application Form can be obtained from IMR website:
<http://www.imr.gov.my/index.php/en/training/course-a-training>

APPLICATION PROCEDURES

FULL DMM COURSE

a) SEAMEO TROPMED Programme

Applications must be made using SEAMEO-TROPMED fellowship forms obtainable from IMR Website or from SEAMEO-TROPMED Secretariat, Faculty of Tropical Medicine, Mahidol University, 420/6 Rajvithi Road, Bangkok 10400, Thailand. Applications must be made through the applicant's government to the SEAMEO-TROPMED Secretariat in Bangkok. Applications are open to applicants from ASEAN member countries only.

b) Other sponsors and private candidates

Candidates who received sponsorship from other agencies (such as: applying for WHO scholarship or sponsored by own country) are required to specify sponsorship write in the application form. The application must be to the Director, SEAMEO TROPMED Network Malaysia, Institute for Medical Research, National Institutes of Health (NIH) and to the Secretariat of SEAMEO TROPMED Network Malaysia, Institute for Medical Research.

MODULAR COURSE

Applications must be submitted to the Director, SEAMEO TROPMED Network Malaysia / Institute for Medical Research, and to the Secretariat of SEAMEO TROPMED Network Malaysia, Institute for Medical Research.

DEADLINE OF SUBMISSION

Not later than 8 weeks before the commencement of the course

ACCOMMODATION

The Institute will provides hostel rooms with basic facilities.
Food is not provided in the hostel.

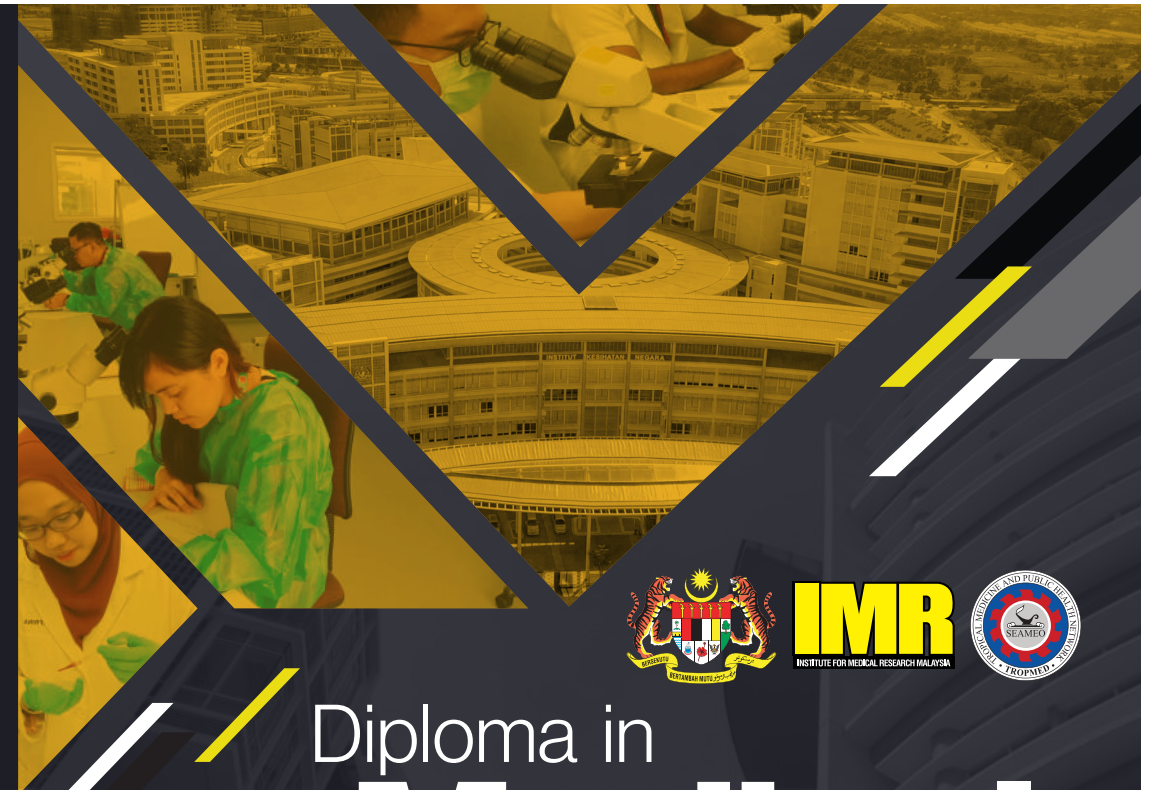


For further enquiries, prospective applicants can communicate with the respective official preferably by email:

THE SECRETARIAT

SEAMEO-TROPMED NETWORK MALAYSIA
INSTITUTE FOR MEDICAL RESEARCH (IMR),
NATIONAL INSTITUTES OF HEALTH (NIH),
1 JALAN SETIA MURNI U13/52, SECTION U13, SETIA ALAM,
40170 SHAH ALAM, SELANGOR, MALAYSIA

603-3362 8068 seameo@moh.gov.my [Seameo Tropmed Network Malaysia](https://www.facebook.com/SeameoTropmedNetworkMalaysia)



Diploma in Medical Microbiology (DMM)

Course Duration:

8 May 2023 - 12 November 2023

**SEAMEO-TROPMED Regional Centre for
Microbiology, Parasitology & Entomology,**
Institute for Medical Research (IMR)
Setia Alam, Selangor

OBJECTIVE

The course aims to provide ;

- Knowledge and practical training on pathogens of major significance to public health.
- Enable participants to apply scientific approach and critical thinking to diagnose.
- Prevent and control infectious diseases.
- Facilitate and strengthen institutional and national capabilities in medical diagnostic laboratory services.
- Research and human resource development.
- Encourage networking between the various participants' institutions and ours to foster exchange in expertise and collaboration in research projects.

ENTRANCE REQUIREMENT

Applicants must have ;



A good command of English because the course and examinations will be conducted in English language.



Basic degree in medical, biological or health sciences related.



Work in the field of microbiology or related areas.



Should be between 23 to 46 years old at the closing date of the application



Should be certified medically and physically fit to participate in this programme

COURSE METHODOLOGY

Consist of lectures, demonstrations, hands-on laboratory practicals and study visits, preparation of dissertation, post module assessments, and final examination (consists of theory and practical assessment).

COURSE MODULES



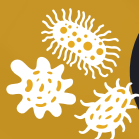
Biostatistics & Epidemiology



Immunology



Molecular Biology and Recombinant DNA



Bacteriology



Mycology



Virology

COURSE FEE

DMM FULL COURSE

Every participant is required to pay a course fee of **RM 15,000.00** (exclusive of food and accommodation) before commencement of the course.

DMM MODULAR COURSE

Participants may also apply to attend a particular module offered by the course. The participants will join the class with the other participants of the full course, including practical sessions. However, acceptance to the modular course is subject to availability of seats.

Modular Courses offered during the DMM course ;

No	Modules	Approx. Duration	Fee (RM)
1.	Biostatistics & Epidemiology	3 weeks	1,500
2.	Immunology of Infectious Diseases	3 weeks	2,000
3.	Molecular Biology and Recombinant DNA	2 weeks	1,000
4.	Bacteriology	9 weeks	4,500
5.	Mycology	3 weeks	2,000
6.	Virology	4 weeks	2,500



ASSESSMENT OF CANDIDATE

There will be continuous assessment of the candidate through the Course:

- Assessment at the end of each module
- Assignment of literature review including oral presentation.
- Final examination (theory, practical, spot test and viva voce).

The decision of the Board of Studies regarding the examination result is final. Successful candidates who completed the full course will be awarded the Diploma in Medical Microbiology. Certificates will be provided for those attending individual modules.

SEAMEO Regional Tropical Medicine & Public Health Network (SEAMEO TROPMED)

PERSONAL DATA/APPLICATION FORM

(Please TYPE or PRINT in Duplicate)

Course Title: _____

Inclusive Dates: _____

Venue/Place: _____



Sponsor: SEAMEO TROPMED Network WHO Self-Supporting
 Other (Specify) _____

B I O D A T A

Name of Applicant: (Underline Family Name)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	Nationality:	Religion:
Date of birth (Month/Day/Year):	Age:	Place of birth (City & Country):
ID/Passport No:	Issued at:	Date:
Home Address:		Telephone: Fax: E-mail:
Name & Address/Tel/Fax/E-mail of Person to be contacted in an emergency):		
Office Name & Address:		Telephone: Fax: E-mail:
Present Position/Occupation: Sector: <input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Self-Employed		
Level of Responsibility: <input type="checkbox"/> Managerial <input type="checkbox"/> Supervisory <input type="checkbox"/> Support Staff		
Brief Description of Duties & Responsibilities:		
Percent (%) Devoted to: <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Services <input type="checkbox"/> Others (Specify)		
Educational Attainment: Certificate/Degree(s) obtained, Date obtained: College/University: Post Graduate:		

Previous SEAMEO TROPED Programmes/Courses attained, Inclusive Dates:			
Awards, Other Fellowships Obtained Venue, Inclusive Dates:			
Employment History (in chronological order from the most recent): Position, Institution/Employer, Inclusive Dates: (Use additional sheets if necessary)			
Research Activities in the last 5 years (Title; Objectives; Funding; Brief Statement of Progress of Results):			
Publications in the last 5 years (Books; Technical Papers; Popular Articles; Use additional sheets if necessary):			
Membership in Honorary and Scientific Societies:			
Language Proficiency (Please indicate if "Excellent", "Good", or "Fair"):			
	Writing/Reading	Speaking	Both
English			
Others (Specify)			
State briefly reasons for taking the course:			
Expected Employment/Position upon completion of the course:			

I, hereby, declare under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

(Date)

(Signature)

N.B. Please submit this to course organizer or TROPED Central Office

Endorsement from Employer (Head of Department/Unit/Centre/Division)

Name of employer :

Address :

Telephone No :

Email Address :

Signature/Dates :

IMPORTANT:

1. Submit one copy each of completed form to:

- 1.1. Secretary-General/Coordinator
SEAMEO TROPED Network Office
420/6 Ratchawithi Road, Bangkok 10400 THAILAND
(Via Fax No. (66-2) 354-9144 or
Via E-mail: secretariat@seameotropmednetwork.org or
dang_il@hotmail.com
**will be done by Secretariat of SEAMEO TROPED Malaysia

1.2. TROPED Center where the course is to be taken.

2. The application form must be accompanied by:

- 2.1. A Certificate of Health and
- 2.2. Certificate of English Language Proficiency, by duty designated Authorities
- 2.3. Transcript of Academic Records and other requirements

(FOR OFFICIAL USE ONLY)

Action taken: Approved Disapproved Pending

REMARKS: _____

By : _____

Reference No : _____

Date : _____

SEAMEO TROPED NETWORK

CERTIFICATE OF HEALTH

Part I (Fill by the Applicant)

1. Name (Please Print):

2. Age:

Date of Birth:

3. Address:

4. I.D. /Passport Number:

Issued at:

Date:

5. Medical History:

Do you have any physical impairment?

(if yes, please give details):

Have you ever been treated for mental illness?

(if yes, please give details):

In the past two years, have you ever been sick or received medical treatment or physical check-up for blood chemistry, blood pressure, urine analysis, x-ray, heart or others?

If yes, please give details (name of hospital or clinic, attending physician, disease, diagnosis, result and date)

6. I hereby declare that the above statements are true to my knowledge. If there is any false statement or any truth being withheld. I agree to be responsible to all expenses which will derive from the care of those conditions. I agree to the decision of the Faculty Board Committee to withdraw my student status if it is indicated.

Signed at:

Date:

Applicant's Signature

Part II (Fill by a Physician)

1. Name of Candidate:

Age:

Sex:

Office Address:

Residence Address:

2. Physical Examination:

a. Height:

Weight:

b. Skin:

c. Respiratory System:

d. Circulatory System:

Blood pressure: Systolic/Diastolic:

Heart:

e. Gastrointestinal System:

Abdomen:

Liver:

Spleen:

f. Central Nervous System:

g. Other systems :

3. Laboratory Tests:

Urine examination: Specific gravity:

Albumin:

Sugar:

Microscopic:

4. Report on X-ray examination of the chest:

5. Does the examination reveal any physical or mental abnormalities which may interfere with his/her study?

No []

Yes [] Describe:

Physician's Signature:

Date:

Physician's name (type or print):

Official Address:

- Note: 1.The Physician has to be a clinician in a government hospital
2. Please attach this Certificate of Health to the application form
3. The Certificate should have the seal of the same government hospital