



## APPLICATION FORM

**Course on Rural Tourism Towards Integrated Rural Development  
Organised by Institute For Rural Advancement (INFRA) in Collaboration with  
Centre on Integrated Rural Development for Asia and the Pacific (CIRDAP) 2024**

Please affix  
passport  
size  
photograph

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

### 1. PERSONAL DETAILS

Title:	Prof./ Assc.Prof./ Dr./ Mr./ Mrs./ Mdm./ Ms.		Date of birth: DD/MM/YYYY				
Full Name:			Age:				
First Name:			Passport No.:				
Middle Name:			Date of Issue:				
Last Name:			Expiry Date:				
Gender:	Male / Female		Type of Passport: (Diplomatic/ Official/ Regular)				
Marital Status:		Nationality:					
Religion:		Country of Residence:					
Address (Home)							
City		States		ZIP Code			
Tel (Home)		Mobile Phone					
Email (Personal)		Work Email					
Dietary Restrictions: <i>Please Specify</i>							
Emergency Contact Person:	<b>Family</b>		<b>Office</b>				
	Name: Relation: Mobile No.: Email: Address:		Name: Position: Mobile No.: Email: Address:				

## 2. PRESENT EMPLOYMENT

Present Position:		Since:	
Department/ Ministry:		Date Joined:	
Name of Ministry/Agency /Organization:		URL:	
Type of Organization:	Government/ Semi-Government/ Private/ NGO	Email (Work):	
Tel. Office:		Fax:	
Address (Work)			
City		States	ZIP Code
Name of Supervisor:		Email of Supervisor:	

## 3. ACADEMIC AND PROFESSIONAL EDUCATION QUALIFICATION

University/ Institution	Major/ Field of study	Certification/ Degree	Years	Country

## 4. PRESENT JOB DUTIES

Detailed description of your work:
------------------------------------

## 5. PREVIOUS JOB EXPERIENCE

Designation	Name of Organisation/ Ministry	Year	Brief Job Description

## 6. ENGLISH LANGUAGE PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					
Mother tongue: _____					

## 7. TO BE COMPLETED BY APPLICANT

Reasons for applicant's selection:	
Relevance of the course to applicant's job:	

## 8. MEDICAL REPORT

Name of Applicant:				
Age:	Gender: Male / Female	Height:	cm	Weight: kg
Blood Pressure:				
Blood Group:				
A	B	AB	O	Other:
Please indicate "Yes" or "No" if you have had any of the following during the last 5 years:				
a. Tuberculosis, asthma, emphysema, or other respiratory illnesses				
b. High blood pressure, heart bypass, heart attack, or other heart condition				
c. Stomach ulcer, liver disease (hepatitis), gall bladder disease				
d. Kidney disorder, stone or blood in urine				
e. Diabetes, sugar or glucose in blood or urine				
f. Depression, attempted suicide, or other psychological symptoms				
g. Tumor, abnormal growth, cyst or cancer				
h. Bleeding disorder, blood disease (Sickle-cell anemia)				
i. Malaria, cholera, smallpox or infectious disease				
j. Allergy				
k. Other serious illness (please specify) :				
I certify that the applicant is medically fit to undertake a course in Malaysia.				
Name of Physician : _____				
Address of Clinic : _____				
Telephone : _____				
Signature of Physician : _____ Seal of Clinic:				

## 9. APPLICANT'S DECLARATION

I hereby declare and agree that the information as provided by me in this document is true.

I understand and accept that any false declaration or information on my part will disqualify me from the international training.

Signature of Applicant

\_\_\_\_\_

Official Stamp

## 10. OFFICIAL DECLARATION BY THE NOMINATING AGENCY

On behalf of the Government of \_\_\_\_\_, I \_\_\_\_\_  
*Country* *Name of Applicant*

\_\_\_\_\_ certify that I have examined the educational, professional  
*Name of Applicant*  
or other certificates quoted by the applicant in this form and I am satisfied that they are true and relate to the applicant.

I nominate (Prof./Assc.Prof./Dr./Mr./Mrs./Mdm./Ms.\*) \_\_\_\_\_

\_\_\_\_\_ holding Passport No. \_\_\_\_\_

for the international training course.

\_\_\_\_\_  
(Name and Designation)

\_\_\_\_\_  
(Organisation)

\_\_\_\_\_  
(e-mail address)

Signature and Official