

APPLICATION FORM FOR ATTENDING COURSE/SEMINAR/CONVENTION

APPLICANT'S INFORMATION

NAME			
STAFF NO.		DEPARTMENT	
APPLICATION DATE			

DETAILS OF COURSE/SEMINAR/CONVENTION

TITLE	
DATE OF COURSE	
VENUE	
FEES	
SIGNATURE OF APPLICANT	

TO BE CHECKED BY HR :

TO BE VERIFIED BY MANAGER/ASSISTANT :

<p><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</p> <p>SIGNATURE : _____</p> <p>NAME : _____</p> <p>DATE : _____</p> <p>Remarks :</p>	<p><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</p> <p>SIGNATURE : _____</p> <p>NAME : _____</p> <p>DATE : _____</p> <p>Remarks :</p>
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Note: Please attached relevant documents

TO BE APPROVED BY CEO/COO/DCOO/GM :

<p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> NOT APPROVED</p> <p><input type="checkbox"/> KIV</p> <p>SIGNATURE : _____</p> <p>NAME : _____</p> <p>DATE : _____</p> <p>Remarks :</p>	
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TO BE COMPLETED BY HR DEPARTMENT

ALLOCATION	
FEES	
BALANCED	
DATE	