



KEMENTERIAN DALAM NEGERI  
REPUBLIK INDONESIA  
SEKRETARIAT JENDERAL

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

KASA KEMENDAGRI		
TANGGAL	09-05-2018	NOMOR
WAKTU	13.00	0225/K
PARAF		

Jakarta, 3 Mei 2018

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

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

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

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

TANDA TANGAN	1
PROVINSI	
NO. B/S	7/5-2018
SEKDA	
1395	

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

Demikian disampaikan untuk menjadi maklum.

a.n. Sekretaris Jenderal,  
Kepala Pusat  
Fasilitas Kerja Sama,



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

Tembusan :  
Sekretaris Jenderal Kemendagri



Please affix  
passport size  
photograph

**APPLICATION FORM**

**FOR OFFICIAL USE ONLY**

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

Reference no	:	_____
Received	:	_____
Checked	:	_____

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

<b>TITLE OF COURSE:</b>	Date of commencement:
<b>NAME OF IMPLEMENTING AGENCY :</b>	

**1. PERSONAL DATA**

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

# Delete accordingly

**2. COMMUNICATION AND MAILING ADDRESS**

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

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

3. **EDUCATION (list in order of time, starting with latest/most recent institution attended)**

Name of institution and place of study	Major field of study	Years of study : from - to	Degree

4. **EMPLOYMENT RECORD**

A. Present or most recent post	B. Previous post
Employer :	Employer :
Years of service ( from - to ) :	Years of service (from - to) :
Title of your post/position :	Title of your post/position :
Present salary per month (US Dollars) :	Salary per month (US Dollars) :
Name of supervisor and title :	Name of supervisor and title :
Type of organization : Government / Semi Government / Private / NGO #	Type of organization Government / Semi Government / Private / NGO #
Main functions of organization :	Main functions of organization :
Total number of employees :	Total number of employees :

# Delete accordingly

Description of your work including your responsibility :

Please continue on supplementary pages if necessary

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

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

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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

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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. )

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**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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11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

**OFFICIAL DECLARATION**

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

Certify that :

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
- c) Should the nominee seek medical 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
- d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

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

\_\_\_\_\_  
Name and Designation

\_\_\_\_\_  
Signature and Official Stamp

\_\_\_\_\_  
Name and Organisation

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

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

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

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

\_\_\_\_\_  
Name

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

( Ministry's Official Stamp )

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Name of Organisation

\_\_\_\_\_  
Signature

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

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

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