

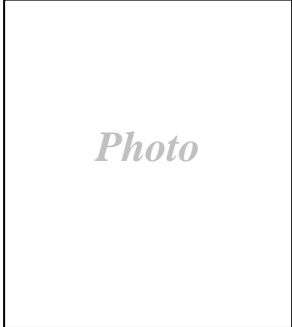
## CLINIC CARD APPLICATION FORM

### BORANG PERMOHONAN KAD KLINIK

**\*Application** : **New Staff**  **Renewal**   
 Permohonan : Pekerja Baru  Pembaharuan

*\*Please tick ( / ) where applicable / sila tanda ( / ) pada yang berkenaan*

**Full Name** : \_\_\_\_\_  
 Nama Penuh  
**Date Joined** : \_\_\_\_\_  
 Tarikh Mula Bekerja  
**Staff No.** : \_\_\_\_\_  
 No. Staff  
**Designation** : \_\_\_\_\_  
 Jawatan  
**Identity Card No.** : \_\_\_\_\_  
 No. Kad Pengenalan  
**Section & Department** : \_\_\_\_\_  
 Seksyen & Jabatan  
**Current Address** : \_\_\_\_\_  
 Alamat Kediaman Terkini  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Marital Status** : \_\_\_\_\_  
 Status Perkahwinan  
**Spouse Name** : \_\_\_\_\_  
 Nama Suami/Isteri  
**Identity Card No.** : \_\_\_\_\_  
 No. Kad Pengenalan

<b>Children Name / Nama Anak-anak</b>	<b>Identity Card No. / No. Kad Pengenalan</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

<b>Applicant's Signature</b> Tandatangan Pemohon	<b>Approved By :</b> <b>Head of Division / Head of Department / Head of Section</b> Diluluskan Oleh Pengarah Urusan / Ketua Bahagian / Ketua Jabatan / Ketua Seksyen
<b>Name / Nama :</b> <b>Date / Tarikh :</b>	<b>Name / Nama :</b> <b>Date / Tarikh :</b>

For Office use	
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