Photo

*gambar*

MAKLUMAT PERIBADI PAKAR/PEGAWAI PERUBATAN

DI UNIVERSITI PUTRA MALAYSIA

|  |  |
| --- | --- |
|  |  |
| IC(New)  *No. Kad Pengenalan* | :……………………………………………………………………………………… |
| Name  *Nama* | :……………………………………………………………………………………… |

# BASIC MEDICAL TRAINING

# LATIHAN ASAS PERUBATAN

## Basic Degree

## *Ijazah*

University/Medical School

*Universiti/Sekolah Perubatan* :…………………………………………………………

Year Of Qualification

*Tahun dikurniakan* :…………………………………………………………

## Housemanship

## *Latihan*

Place Of Housemanship Training

Tempat latihan dijalankan :…………………………………………………………

*( If more than 1 hospital please list other training center)*

*(Sekiranya lebih dari 1 tempat sila senaraikan di bawah)*

Place Year

*Tempat Tahun*

1)……………………………………………………. ………………

2)……………………………………………………. ………………

## Placement during Basic Medical Training

## *Penempatan semasa menjalani Latihan Asas Perubatan*

HOUSEMANSHIP

*Latihan*

Discipline Place Duration(month)

*Disiplin Tempat Tempoh (bulan)*

|  |  |  |  |
| --- | --- | --- | --- |
| Internal Medicine  *Perubatan Dalaman* |  |  |  |
| O&G  *O&G* |  |  |  |
| Surgery  *Surgeri* |  |  |  |
| Pediatric  *Pediatrik* |  |  |  |
| Orthopeadic  *Ortopedik* |  |  |  |
| Others(please list)  *Lain-lain (sila nyatakan)* |  |  |  |
|  |  |  |  |

MEDICAL OFFICER

*Pegawai Perubatan*

Year :………to……….

*Tahun hingga*

Discipline Place Consultant Duration(month)

*Disiplin Tempat Konsultan Tempoh (bulan)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Internal Medicine  *Perubatan Dalaman* |  |  |  |  |
| O&G  *O&G* |  |  |  |  |
| Surgery  *Surgeri* |  |  |  |  |
| Pediatric  *Pediatrik* |  |  |  |  |
| Orthopeadic  *Ortopedik* |  |  |  |  |
| Others(please list)  *Lain-lain (sila nyatakan)* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# POST GRADUATE TRAINING

*LATIHAN SISWAZAH*

## Specialist Training

## *Latihan Kepakaran*

Year Of Qualification :…………………………………………………………………………………………….

*Tahun kelayakan*

Qualification :…………………………………………………………………………………………….

*Kelayakan*

Discipline :…………………………………………………………………………………………….

*Disiplin*

University /Awarding Body :…………………………………………………………………………………………….

*Universiti / Badan yang mengurniakan*

Undergoing gazettment training:

*Dalam tempoh Latihan Pewartaan*

Yes

*Ya*

Completed

*Selesai*

If yes, date of commencement of training:………………………………………………………………………………..

*Sekiranya ya, tarikh permulaan Latihan Pewartaan*

|  |  |
| --- | --- |
| Date Of gazettment (d/m/y)  *Tarikh Diwartakan (t/b/t)* | :…………………………………………………………………………………….. |
| Duration Of gazettment (month)  *Tempoh Pewartaan (bulan)* | :…………………………………………………………………………………….. |

Placement after completion of Specialist Training

*Penempatan selepas selesai Latihan Kepakaran*

|  |  |  |
| --- | --- | --- |
| Date (From….to…..) (d/m/year)  *Tarikh (Dari…hingga…)*  *(t/b/t)* | Hospital  *Hospital* | Duration  (months)  *Tempoh*  *(Bulan)* |
|  |  |  |
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## Fellowship Training(Subspecialty Training)

## *Latihan Subkepakaran*

*Are undergoing Training? :*Yes / No

*Adakah sedang menjalani latihan? Ya / Tidak*

If Yes,

*Jika Ya,*

Discipline :………………………………………………………………………………………………………

*Disiplin*

Date Of Commencement of training :………………………………………………………………………………………..

(d/m/y)

*Tarikh permulaan latihan*

*(t/b/t)*

Training number, if applicable :……………………………………………………………………………………………….

*No. latihan, sekiranya ada*

Place and duration of training that you have undergone

*Tempat dan tempoh latihan yang telah dijalankan*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date (From….to…..) (d/m/y)  *Tarikh (dari…hingga..)*  *(t/b/t)* | Hospital  *Hospital* | | Name Of Trainer  *Nama Pelatih* | Duration  (months)  *Tempoh*  *(bulan)* | |
|  |  | |  |  | |
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|  | |  | | |
| Any overseas training  *Jika latihan di luar negara* | | :………………………………………………………………………………………… | | |
| If Yes,  *Jika Ya,* | |  | | |
| Area Of Training  *Bidang latihan* | | :………………………………………………………………………………………… | | |
| Place Of Training  *Tempat latihan* | | :………………………………………………………………………………………… | | |
| Trainer  *Pelatih* | | :………………………………………………………………………………………… | | |
| Period Of Training  (d/m/y)  *Tempoh latihan*  *(t/b/t)*    If you have completed training , | | :………………………………………… to………………………………………….. | | |
| Certifying Body  *Sekiranya anda tamat latihan,*  *Badan yang mengiktiraf* | | :………………………………………………………………………………………… | | |
| Date Of Completion  (d/m/y)  *Tarikh tamat*  *(t/b/t)* | | :………………………………………………………………………………………… | | |
| Date Of gazettment for | | :………………………………………………………………………………………… | | |

subspecialty if applicable

(d/m/y)

*Tarikh Pewartaan untuk Subkepakaran sekiranya ada*

*(t/b/t)*

## Placement after completion of Fellowship Training

## *Penempatan selepas selesai latihan*

|  |  |  |
| --- | --- | --- |
| Date (From….to…..) (d/m/year)  *Tarikh (Dari…hingga…)*  *(t/b/t)* | Hospital  *Hospital* | Duration  (months)  *Tempoh*  *(Bulan)* |
|  |  |  |
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