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)* |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

## 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)*  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |
| 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)* |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |