

DEPARTMENT OF ASSET AND LOGISTIC

	TRANSPORT	BOOKING FORM		
Note: Please attach the application for	rm for approval o	f student activities		
Applicant Name : AHMAD HAFIZ BIN AHMAD SALIMON				
Department/Units/programmed : DIPLOMA MEDICAL ASSISTANT				
	MESTER 9			
Year of Study : YE	: YEAR 3			
Aim : <u>MI</u>	: MEGA PIMA APPRECIATION 2024			
Date : <u>6 S</u>	: <u>6 SEPTEMBER 2024</u> To 6 SEPTEMBER 2024			
Time : <u>14:</u>	00	To	19:00	
From Location : MA	: MAIN CAMPUS BATU MUDA_To Location_DEWAN IMPIAN, DANAU KOTA			
Numbers Of Student : <u>87</u>	. <u>5. 6.4118</u>			
Phone Number : <u>018 – 3707038</u>				
A STATE OF THE STA	July 2024			
Application Signature :	<i>32</i> .			
STUDENT AFFAIRS DEPARTMENT CO CURICULU		I UNIT	HEADS OF PROGRAM/ADVISOR OF	
			ASSOCIATION & CLUB	
Comment :	Comment:		Credit	
			Non Credit	
			EN ASROL ARIFIN BIN ABU HASSA Head of Department	
Officer Name :	Officer Name .		Department Medical & Rehabilitation Sci	
Designation :	Officer Name : Designation :		Officer Name : Faculty Health Sciences University College of MAIWP International	
Signature :	Signature :		Signature :	
Date :	Date :		Date : LIST	
	.l		78/27	
USE FOR DEPARTMENT OF ASSET AT	ND LOGISTIC	USE FOR RIGHT V	/ISION TRAVEL SDN BHD	
COMMENT:		COMMENT:	PRICE	
Officer Name :		Officer Name :		
Designation :		Designation :		
Signature :		Signature :		
Date :		Date :		

	ENDORSEMEN	T BY REGISTRAR / (CFO CFO	
2000		, , , , , , , , , , , , , , , , , , , ,		
Approval: YES NO				
Nama :				
Date :				
Signature :				
Stamp :				