

**PENGESAHAN PENEMPATAN LATIHAN INDUSTRI PELAJAR SEMESTER 1 SESI
2013/2014**
**CONFIRMATION OF STUDENT INDUSTRIAL TRAINING PLACEMENT SEMESTER 1
SESSION 2013/2014**

Nama/Name: LEE SENG CHONG

No. Matrik/Matric. Card No : WET110012

Kod Kursus Latihan Industri/Course Code for Industrial Training : WXES2193

Emel/Email: llaw_lee@siswa.um.edu No. Tel/Telephone No: _____

Tarikh Mula dan Akhir Latihan Industri/Start and End Date of Training: 17-JUL-13 - 27-DEC-13

Elaun Yang Diterima Sebulan(jika ada)/Allowance received per month(if applicable): RM _____

Nama Penyelia dari UM/Name of Supervisor from UM: _____

Tandatangan Pelajar/Signature of Student: _____ Tarikh/Date : _____

Dengan ini, saya mengaku ADA /TIADA mempunyai hubungan dengan mana-mana pihak di organisasi ini .(Jika ada, sila nyatakan nama dan jawatan di ruang di bawah)/ *I hereby declare that I AM/ I AM NOT related to anyone in the organization. (If you are, please provide his/her details below):*

Nama Saudara /Name of Relative: _____

Jawatan/Designation : _____

-X-

Nama dan Alamat Syarikat /Name and address of company: F-SECURE CORPORATION
Tower 3A, Avenue 3 Bangsar South, No. 8, Jalan Kerinchi 59200 Kuala Lumpur WILAYAH
PERSEKUTUAN (KL)

Nama Penyelia Organisasi/Name of Supervisor at Company: _____

Jawatan/Designation: _____

Emel/Email: _____ No. Tel/Telephone No: _____

Cop Syarikat/Company Stamp: _____

****Pelajar DIWAJIBKAN** mengembalikan borang ini dalam masa **dua (2) minggu selepas melaporkan diri di organisasi**. Kegagalan membuat demikian akan menjejaskan program latihan industri pelajar dan pelajar akan dianggap sebagai tidak hadir menjalani latihan industri/ **You MUST RETURN this form within two (2) weeks of reporting for your industrial training.** Failure to do so will result in the assumption that you have not undergo your industrial training as required.

Pos/Faks/Emel/Mail/Fax/Email:

Penyelaras Latihan Industri/Your industrial Training Coordinator

Salinan kepada/ Please send a copy to:

Centre for Industrial Training and Relations (CITRA)

Level 17, WISMA R&D, University of Malaya

Jalan Pantai Baharu, 59990 Kuala Lumpur

Fax: 603-603 2246 3377; Email: citraum@um.edu.my

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