

**PENGURUS DAN PROGRAM KERJA**

**ORGANISASI KEMAHASISWAAN POLITEKNIK NEGERI CILACAP**

**TAHUN 2023**

(1 Januari s.d Desember 2023)

Nama Organisasi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alamat Sekretariat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tempat Kegiatan/Latihan Rutin : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hari dan Jam Kegiatan Rutin : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRASI KEMAHASISWAAN**

**POLITEKNIK NEGERI CILACAP**

**TAHUN 2023**

**SEJARAH DAN PROFIL ORMAWA/UKM**

**(singkat)**

Sistematika Penulisan :

Penulisan ditulis dengan huruf )font) Times New Roman atau Arial dengan ukuran 12, menggunakan kertas A4, dengan menggunakan spasi 1,5 dan dibuat rangkap 2 (dua) menggunakan sampul mika berwarna biru berwarna biru untuk BPM/BEM/HM dan sampul mika warna kuning untuk UKM.

Melampirkan Foto Profil Ormawa / UKM

Nama Organisasi/UKM :

Visi :

Misi :

Tujuan :

Logo Ormawa/UKM :

Latar Belakang :

Kontak Ormawa :

Sosial Media :

Kegiatan Utama/Rutin :

Prestasi 5 Tahun Terakhir :**SUSUNAN PENGURUS TAHUN 2023**

1. **PEMBINA**

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| **NO** | **NAMA** | **NIP/NPAK** | **PEKERJAAN** | **ALAMAT RUMAH** | **TELEPON / HP** |
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1. **PELATIH**

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| **NO** | **NAMA** | **NIP/NPAK** | **PEKERJAAN** | **ALAMAT RUMAH** | **TELEPON / HP** |
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1. **SUSUNAN PENGURUS**

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| **NO** | **NAMA** | **NPM** | **JABATAN** | **ALAMAT RUMAH** | **TELEPON / HP** |
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1. **DAFTAR ANGGOTA**

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| **NO** | **NAMA** | **NPM** | **JABATAN** | **ALAMAT RUMAH** | **TELEPON / HP** |
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1. **JUMLAH ANGGOTA *(di isi dengan numerik)***

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| --- | --- | --- | --- |
| **KETERANGAN** | **JUMLAH ANGGOTA** | | **JUMLAH** |
| **PRIA** | **WANITA** |
| * Terdaftar |  |  |  |
| * Aktif |  |  |  |
| * Tidak Aktif |  |  |  |

1. **INVENTARIS PERALATAN/PERLENGKAPAN**

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| --- | --- | --- | --- | --- |
| **NO** | **NAMA PERALATAN DAN PERLENGKAPAN** | **JUMLAH BARANG** | | |
| **RUSAK** | **BAIK** | **TOTAL** |
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1. **PROGRAM KERJA**

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| **NO** | **KEGIATAN** | **PESERTA** | | | **TINGKAT** | **JENIS** | **TEMPAT** | **PENYELENGGARA** | **TANGGAL** | **RENCANA ANGGARAN** | **KET** |
| **P** | **W** | **JML** |
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1. **TARGET PRESTASI**

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| **NO** | **NAMA KEGIATAN** | **TINGKAT** | | | **TARGET PRESTASI** | | | **JUMLAH** | **KET** |
| **Regional** | **Nasional** | **Internasional** | **Emas** | **Perak** | **Perunggu** |
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*Cilacap, 1 Januari 2020*

Mengetahui,

Pembina UKM/Ormawa ........................................................... Ketua Ormawa/UKM ......................................................

Nama Nama

NIP/NPAK ........................................................... NPM ...........................................................

***Keterangan :***

1. Pada Poin Program Kerja, kolom Tingkat, diisi dengan pilihan : Regional, Nasional atau Internasional

2. Pada Poin Program Kerja kolom Jenis diisi dengan pilihan : Rutin, Berkala, Tahunan

SURAT REKOMENDASI/USULAN

Yang bertanda tangan dibawah ini :

Ketua/Pengurus : ...................................................................................................

Nama : ...................................................................................................

NPM : ...................................................................................................

Jabatan : ...................................................................................................

Nama Organisasi : ...................................................................................................

Dengan ini menyatakan bahwa saya merekomendasikan atas nama :

Nama :......................................................................................................

NIP/NPAK : .....................................................................................................

Jabatan : .....................................................................................................

Sebagai : Pembina/Pelatih di Politeknik Negeri Cilacap.

Nama Organisasi : .....................................................................................................

Demikian surat rekomendasi ini dibuat dengan sebenarnya, atas perhatiannya kami sampaikan terima kasih.

Cilacap,.........................................

Ketua,

..........................................................

NPM.