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| **A. BUTIRAN AGENSI** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nama Organisasi | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Alamat | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| No. Telefon | | | | | | | | | |  | | | | | | | | | |
| No. Faksimile | | | | | | | | | |  | | | | | | | | | |
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| **B. BUTIRAN PEGAWAI PENYELIA** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | | Nama | | | | | | | | | | | | | | |  | | | | | | | | | |
| 2 | | Jawatan | | | | | | | | | | | | | | |  | | | | | | | | | |
| 3 | | Email | | | | | | | | | | | | | | |  | | | | | | | | | |
| 4 | | Jabatan/ Unit | | | | | | | | | | | | | | |  | | | | | | | | | |
| 5 | | Cadangan Tarikh Lawatan (Jika Ada) | | | | | | | | | | | | | | | \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ | | | | | | | | | |
| 6 | | Cap Organisasi | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **C. PERSETUJUAN & KEBENARAN** *[Sila (/) Di Ruangan Yang Disediakan]* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bersetuju | | | | | | | | | |  | | |
| Tidak Bersetuju | | | | | | | | | |  | | |
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| **D. PENGESAHAN PEGAWAI YANG MEMBERI KEBENARAN** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tandatangan & Cap Jawatan | | | | | | | | | | | | | | | | | | |
| Tarikh:\_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
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| Nota: Sila Majukan Borang Permohonan Yang Telah Lengkap Ke Unit Latihan Industri, Secara POS Atau  Faksimile Dalam Tempoh ***SEMINGGU Selepas Menerima Surat Lawatan Latihan Industri.***  **Alamatkan Ke: Kolej Universiti Agrosains Malaysia Nombor Faksimile:** 06-552996  Unit Latihan Industri & Kerjaya  Lot 2020, Ayer Pa’ Abas  78000 Alor Gajah  **MELAKA** | | | | | | | | | | | | | | | | | | | | | | | | | | |