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| **A. BUTIRAN PELAJAR** |
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| Nama |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Semester |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *ID* Pelajar |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| No. MyKad |  |  |  |  |  |  | - |  |  | - |  |  |  |  |
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| No. Telefon |  |  |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **B. MAKLUMAT ORGANISASI** |
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| Nama Organisasi (1) |  |
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| Alamat  |  |
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| No. Telefon  |  | No. Faksimile |  |
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| Nama Organisasi (2) |  |
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| Alamat  |  |
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| No. Telefon  |  | No. Faksimile |  |
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| Nama Organisasi (3) |  |
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| Alamat  |  |
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| No. Telefon  |  | No. Faksimile |  |
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| **C. PENGESAHAN PENYELARAS / KETUA JABATAN/ DEKAN** |
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|  | Catatan *(Jika Ada)* |
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| Tandatangan & Cap Jawatan |
| Tarikh:\_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ |
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| **Nota:** Sila Majukan Borang Permohonan Yang Telah Lengkap Ke Unit Latihan Industri, Dalam  Tempoh Masa ***DUA MINGGU Selepas Taklimat LI.*** |