## **OPERASI PERKHIDMATAN SOKONGAN**



## FAKULTI PERUBATAN VETERINAR (HOSPITAL VETERINAR UNIVERSITI)

Kod Dokumen: OPR/FPV/BR029/AVO

## APPLICATION FOR EXTRACURRICULAR ACTIVITY/VOLUNTEER WORK AT UVH - UPM

## Note:

- 1. Please submit this form to Deputy Dean (Hospital)/UVH Office at least two weeks before start of project.
- 2. Application form individuals/organization outside the Faculty must be attached with official application letter.
- 3. If assistance from UVH staff is required, please fill 'Request for Assistance of UVH Staff' Form, OPR/FPV/BR031/ASST.
- 4. Please check the status of your application at UVH Office one week after submitting your form.

I REQUESTER IN	NFORMATION			
Name .			Staff/Matric/ID No.	
Course ·			Year	·
Address ·			Telephone	·
•			E-mail	·
_				·
In case of emer	gency, please co	ontact:		
Name :			Relationship	:
Address :			Tel. (House)	:
			Tel. (Office	:
			Tel. (H/Phone)	:
II DETAILS OF A				
(Affachment	if necessary)			
A. Objectives, A	Method etc.			
B. Duration of A	ctivity			
Date	Time	Location	Additional Details	(If any)
		1		

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C. Other Requirements (Please state in details if you need to use drugs, suture materials, equipments etc.)    D. Assistance from UVH Staff				
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year			ed to use drugs, suture	e materials, equipments etc.)
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year				
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year				_
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year				
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year				
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year				
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year				
Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)   No   No   No   No   PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year				<del>-</del>
III PREVIOUS VETERINARY RELATED WORK EXPERIENCE    Year	D. Assistance from U	JVH Staff		
III PREVIOUS VETERINARY RELATED WORK EXPERIENCE  Year Place Designation Work Description  IV PLEDGE  I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.  Signature: Date:	Yes (	Please fill up	Request for Assistance	of UVH Staff' Form, FPV/UVH/B105)
Year   Place   Designation   Work Description	☐ No			
Year   Place   Designation   Work Description	III PREVIOUS VETERI	NADV DELATED	WORK EXPEDIENCE	
IV PLEDGE  I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.  Signature:		NAKI KLLAILD	<del>,</del>	
I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.  Signature: Date: Date:	Year	Place	Designation	Work Description
I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.  Signature: Date: Date:				
I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.  Signature: Date: Date:				
I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.  Signature: Date: Date:				
them to uphold the good image of UVH.  Signature:	IV PLEDGE			
V SECONDED BY SUPERVISOR/ACADEMIC ADVISOR Name: Signature: Date:  VI FOR OFFICIAL USE Date received: Comments (if any):  This application is:  Approved Not Approved Not Approved Yes No Signature: Cc to: 1				of behaviour and dress code required of me and will abide by
Name:         Signature:         Date:           VI FOR OFFICIAL USE         Comments (if any):           Date received:         Comments (if any):           This application is:	Signature:			Date:
VI FOR OFFICIAL USE  Date received:  This application is:  Approved Not Approved Not Approved Yes No No Signature Designation Date  Requester informed by, Date  Comments (if any):  Approved  Approved  Approved  Approved  Activity: Approved  A.  Requester informed by, Name:				Duie.
Date received:   Comments (if any):	V SECONDED BY SU	PERVISOR/AC		Date.
Date received:   Comments (if any):			ADEMIC ADVISOR	
This application is:  Approved Not Approved  Report required at the end of activity?  Yes No Signature  Name Designation Date  Name: Name: Name:	Name:		ADEMIC ADVISOR	
Approved	Name:	E	ADEMIC ADVISOR Sign	ature: Date:
Not Approved	Name:	E	ADEMIC ADVISOR Sign	ature: Date:
Not Approved	Name: VI_FOR OFFICIAL US Date received:	E	ADEMIC ADVISOR Sign	ature: Date:
Report required at the end of activity?  Yes No Signature Name Designation Date  Requester informed by, Name: Name:	Name:  VI FOR OFFICIAL US  Date received:  This application is:	E	ADEMIC ADVISOR Sign	ature: Date:
Yes       Cc to: 1.         No       3.         Signature : Name : Designation : Date : Name : N	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve	<b>E</b>	ADEMIC ADVISOR Sign	ature: Date:
No	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve  Not Appr	<b>E</b> d	ADEMIC ADVISOR Sign	ature: Date:
Signature : 4	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve  Not Appr  Report required at the	<b>E</b> d	ADEMIC ADVISOR Sign	Comments (if any):
Name 5	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve  Not Appr  Report required at the	<b>E</b> d	ADEMIC ADVISOR Sign	Cc to: 1
Designation : Requester informed by,  Name:	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve  Not Appr  Report required at the	<b>E</b> d	ADEMIC ADVISOR Sign	Cc to: 1
Date Requester informed by,  Name:	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve.  Not Appr  Report required at the second s	E d roved he end of acti	ADEMIC ADVISOR Sign vity?	Cc to: 1
Date : Name:	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve  Not Appr  Report required at the Yes  No  Signature Name  Name	E d roved he end of acti	ADEMIC ADVISOR Sign vity?	Cc to: 1
	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve  Not Appr  Report required at the yes  No  Signature Name Designation:	E d roved he end of acti	ADEMIC ADVISOR Sign vity?	Cc to: 1
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Date/Time:	Name:  VI FOR OFFICIAL US  Date received:  This application is:  Approve  Not Appr  Report required at the yes  No  Signature Name Designation:	E d roved he end of acti	ADEMIC ADVISOR Sign	Comments (if any):  Cc to: 1  2  3  4  5  Requester informed by,  Name:

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